ON HOMŒOPATHY.

BY EDWARD MERYON, M.D., F.R.C.P.,
FORMERLY LECTURER ON COMPARATIVE ANATOMY AT ST. THOMAS'S HOSPITAL.

I HAVE been accused of embodying grave and patent errors in the four propositions which I ventured to enunciate as forming the entire system of homœopathy.*

The self-complacency in which probity is claimed as the exclusive property of homœopaths, and the invectives which have been poured out upon me and the practitioners of orthodox medicine generally, I need not dwell on, save incidentally to remark that other sects have been exposed to the reproach of defective tenets, and the extent of the objection has been accepted as a measure of the truth of the objection.

Disaffection, according to homœopaths, exists, not because their dogmas are untenable, but because the whole medical profession has a vested interest in maintaining ignorance and falsehood. The retort is obvious. If the homœopathic dogmas were true, the objections to them would not be endorsed by the vast majority of thinking men. It may be said, however, that the vast majority know nothing of the matter. Be it so. Still the argument is at least as good as that quoted from Archbishop Whately's letter "On Medical Trades Unions," without the conventional expletives, which are suggestive of anything but a calm and dispassionate survey of the subject upon which he was writing.

But to the points at issue. And here I would ask, are the principles of homœopathy contained in Hahnemann's "Organon" or are they not? If they are—and I have never heard that work repudiated,—I lay claim to a knowledge of those principles, having read the "Organon" in the original German and in Devrient's translation, from which I quoted the precise words, in order that I might not fall into the mistake of misrepresenting Hahnemann's ideas. If common justice did not prohibit me from such conduct, common sense would. If the principles of homœopathy, as it is now understood, are not contained in the "Organon," then am I prepared to prove that every departure which has been made from those original principles has been towards the old and orthodox system of medicine.

First, it is alleged that my first proposition—"that medicines have the inherent, unconditional, and absolute power of exciting disease"—"is in direct opposition to the 116th, 117th, 121st, and several other sections of Hahnemann's 'Organon,' as well as opposed to the teachings of all homœopaths."

On referring to the "Organon," I find that the 116th section contains directions for the preparation of medicines, in order that they may not lose their medicinal virtues; the 117th prescribes the manner in which medicinal substances are to be administered, so that their proper effects may be produced; the three following sections lay down certain regulations for the person to observe on whom a medicine is to be tried; and the 121st section explains the period of time at which a medicine may be repeated, and the circumstances under which the dose may be increased.

Now, inasmuch as the above provisions are necessary for the specific action of each medicine, it may certainly be inferred that medicines do not act unconditionally; but that I may justify every term of my proposition, I beg to refer the reader to the following sections of the "Organon":—

27th. "A genuine medicine will at all times, and under every circumstance, work upon every living individual, and excite in him the symptoms that are peculiar to it, to such a degree that the whole of the system is always attacked, and in a manner infected, by the medicinal disease, which, as I have before said, is not at all the case in natural diseases."

28th. "It is therefore fully proved by every experiment and observation, that the state of the health is far more susceptible of derangement from the effects of medicinal powers than from the influence of morbific principles and contagious miasms; or, what is the same thing, the ordinary morbific principles have only a *conditional* and often very subordinate influence, while the medicinal powers exercise one that is absolute, direct, and greatly superior to the former."

104th. "The conformity of my observations upon the pure effects of medicines with those of a more ancient date, which were made with a very different object, and even the correspondence of these latter with others of a similar nature, that are spread throughout the writings of various authors, plainly prove to us that medicinal substances, in creating a morbid state in healthy persons, follow a law of nature that is fixed and eternal, and are, in virtue of that law, capable of producing (each according to its own peculiar properties) certain morbid symptoms which never fail to appear."

The 110th section refers to idiosyncrasies, and affirms that medicines may not appear to make an impression on some persons, but that the absence of such effect is more in appearance than in reality.

130th. "Although the medicine that is tried upon a healthy person cannot manifest on a single individual all the modifications of health which it is capable of producing, and only exhibits them in several persons differing from one another in regard to physical constitution and moral disposition, it is, however, equally true that the eternal and immutable law of nature has endowed it with the faculty of exciting these symptoms in every human being. This is the cause of all its effects, of even those which it is rarely seen to produce in healthy persons, but which do not fail to appear when administered to a patient attacked with a disease resembling the one it is capable of exciting. Provided the medicine be homœopathically chosen, and administered even in the smallest doses possible, it will then produce in the patient an artificial state closely approaching to the natural disease, and cure the latter in a prompt and durable manner."

I will not add one word of comment on the above sections of the "Organon," but will simply put it to the unprejudiced reader whether I have misrepresented Hahnemann in deducing from his writings the inference that medicines have an inherent, unconditional, and absolute power of exciting disease?

With respect to my second proposition, "that the pathogenetic effects of medicines are developed and *infinitely* increased by trituration and subdivision"—as the reviewer has quoted it,—I confess that I am wrong, and so far I give him the full benefit of the admission; but the term "infinitely" is an obvious error of the printer, for on the repetition of the proposition with a view to its consideration, the word "indefinitely" is used; and when I find it stated, in treatises on Homœopathy, that the pathogenetic effects of a given substance, say of ignatia, are so far increased, by increasing its solubility, that the thirtieth dilution (which I believe is equivalent to the decillionth of a grain) has a manifest effect in expelling worms from the intestines, I venture to ask if there be any other logical conclusion than that which I may have expressed in terms not strictly homœopathic—namely, "that the pathogenetic effects of medicines are developed and *indefinitely* increased by trituration and subdivision"?

My third proposition, "That the nature of disease is dynamic and immaterial," is said to be misstated, and that it should have been expressed thus: "That the causes which produce disease are, for the most part, dynamic and immaterial." On referring to the 24th section of the "Organon," it is expressly stated that "every disease which does not belong exclusively to surgery *being a purely dynamic and peculiar change of the vital powers in regard to the manner in which they accomplish sensation and action*, a change that expresses itself by symptoms which are perceptible to the senses, it therefore follows that the homœopathic medicinal agent selected by a skilful physician will convert it into another medicinal disease which is analogous but rather more intense," &c. Then in a note which refers to the conditional nature of disease and the *unconditional* nature of the "artificial morbific powers called medicines," he states: "I merely intend to point out that" diseases are not mechanical or chemical changes of the material substance of the body, that they do not depend upon a morbific material principle, and that they are solely spiritual and dynamic changes of the animal economy. (See Note to Sect. 26.)

My fourth proposition is said to represent Hahnemann's idea more fairly, but that it should have been thus put: "That our knowledge of the curative powers of medicines is founded upon the property which they possess of creating symptoms similar to those of the disease itself; or, in other words, *similia similibus curantur*." I was, however, careful to give the *ipsissima verba* of Hahnemann, which are: "The curative powers of medicines are therefore grounded upon the faculty which they possess of creating symptoms similar to those of the disease itself." (Sect. 22.)

In conclusion, I would beg to repeat what I expressed in my former communication—the desire to guard against the

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misconception of writing an unconditional defence of what apostates have wrongly called Allopathy; neither am I writing an unconditional attack on Homœopathy; nor have I wantonly held up to ridicule, by the sophistry of an unsupported assertion, dogmas which can fairly be said to be sound both in principle and practice.

Having, I trust, vindicated myself from the charge of wilful misrepresentation, I would beg to ask, What is homœopathy if it be not, as a system, embodied in the four propositions which I have specified? Together they make a logical and consistent whole, and each one appears to be necessary to the homogeneity of the other three. The dynamic, immaterial nature of disease demands a force of a like nature to counteract it, and the curative capability of that force, being founded on the property which it possesses of creating symptoms similar to those of the disease itself, presupposes a specific pathogenetic power inherent in such force or medicinal substance.

Such, however, I am now told, is homœopathy as it was, not as it is. One correspondent accepts my four propositions, but objects to my theoretical examination of them; a second assures me that no homœopath holds the first proposition, nor believes in the absolute, unconditional power of medicine; a third, like Themison, the methodist of old, who seceded from the Therapeutes, repudiates Hahnemann, and proclaims himself an Eclectic practising homœopathy; from the writings of a fourth, it appears that he supposes medicine to select certain organs of the body upon which their morbific action is produced, and thus seeks to establish a system of organopathy.

My first two propositions being generally repudiated, no further argument is necessary to contravene the dogma that "new forces are developed by trituration and subdivision;" but the doctrine of infinitesimal doses is still maintained, and, in defence of it, Hahnemann observes that "the effects of a dose are by no means diminished in the same proportion as the quantity of the medicinal substance is attenuated." A certain relationship, however, is admitted between the dose given and the effect produced, and Hahnemann himself was perplexed by this circumstance; for, observing that he greatly aggravated disease by giving rational doses to stimulate the vital action in the same direction as that in which disease was impelling it, he admitted the necessity of attenuating the doses so that they should produce an almost insensible aggravation of the disease. The question naturally suggests itself, Do these infinitesimal doses produce any effect at all? Here, again, Hahnemann explains that they do by virtue of the intense sensitiveness of a diseased organ; and yet all the symptoms produced by minute doses, as noted in his "Materia Medica Pura," were produced in the healthy body. Granting, however, any amount of exalted sensibility, is it consistent with common sense to suppose that even the third attenuation of any substance (by which it is reduced to the millionth part of a grain or drop) can have any sensible effect? But when the thirtieth attenuation is attained (the fraction of a grain or drop expressed by a unit followed by seventy-two cyphers, more drops probably than are contained in the Serpentine), if there be not a special exception in the action of medicine to that of every other substance in nature, the absurdity, as I have before said, carries with it its own refutation. But try it, say the homœopaths, and your ridicule must yield to experience. Well, I have tried it, and have induced in a case of insomnia as placid a sleep by means of a globule of sugar of milk as the most zealous homœopath could hope for from the most apposite attenuation of coffee. But surely subterfuge can never be justified in the ordinary practice of a scientific and honourable profession.

My third proposition is said to be fairly put, and the dynamic, immaterial nature of disease is frankly admitted. But, to quote the examples which Hahnemann has adduced to prove that the causes of disease cannot be material, how far is it consistent with reason to assume that an immaterial principle is communicated from individual to individual in the transmission of infectious diseases; or what is the nature of the spiritual force enclosed in a letter which is capable of communicating a contagious disease? It is true Hahnemann knew nothing of cell-pathology, and it would appear that those who ask us to show the material force in vaccine lymph, small-pox matter, or scarlatina poison are in the same condition. How shall we explain the fact, reported by Dr. Carpenter, of the death of a child shortly after being suckled by its mother, who but a short time before had been thrown into a state of strong excitement from terror, if not by a material poison? I suppose every physiologist admits the influence of the nervous system as the occasion of the genesis of a poison.

In the case of gout, a *materies morbi* having been shown, the homœopath replies, "May we not assume a dynamic disease first causing this abnormal condition of the blood? He certainly may assume anything; but, having no valid reason for such postulate, he cannot expect a patient and critical investigation of his position if he cover his weakness with such casuistry.

The course of scarlatina or of small-pox is as indicative of a blood-poison as is that of gout. The corpuscles of the blood are disordered by a specific poison; fever and local inflammation are the result; the latter gives rise to epidermal, mucous, or pus-cells, which eliminate from the blood the specific poison. If either process be checked the symptoms of the disease are aggravated; but when the morbid cell-growth is exhausted the patient recovers his health.

We have so much physical evidence of truth in the cell-theory of disease that we may reasonably demur to the claim of a hypothetical nonentity, which has not a tittle of verification in its favour.

Now, if the dogma "*Similia similibus curantur*" were true, medicine would at once be deprived of every claim to take rank as a science. Its highest function would be to group together the most prominent symptoms of diseases, and to administer specific remedies possessed of the power of producing similar symptoms. This alternative, however, ought not to deter us from accepting the fact—if fact it be—that homœopathy cures "*tuto, cito, et jucunde.*" The homœopaths would make the sacrifice more endurable by professing to include under the head of symptoms the changes of structure on which the symptoms depend. But this is not homœopathy. It is diametrically opposed to the teaching of Hahnemann that symptoms only are the guide to practice; and it is equally inconsistent with the doctrine of the immaterial nature of disease; but the connexion of symptoms with structural change, with a view to treatment, is the end and aim of the old and orthodox system.

Directly the homœopath includes under the head of symptoms the changes of structure on which those symptoms depend, he forsakes the ground on which he professes to found his practice, and he falls back on a system which he has abjured. He may plead the necessity of such a course for the purpose of acquiring a correct estimate of the value of symptoms, and there is much reason in the argument; but he is none the less faithless to the phantom which he serves, and turns to a position which in a weak moment he renounced.

Granting, however, that he is consistent in his aspiration to investigate the symptoms of disease by the aid of structural change, when reflex phenomena appear how stands it with the guiding principle of homœopathy? How can the appropriate remedies for such cases be selected on the principle of *similia similibus curantur?* I have already referred to many forms of disease of such a character in my former communication, therefore I will not swell this already too voluminous one by recapitulating them; but a host of similar objections suggest themselves to the mind as antagonistic to the doctrine of homœopathy.

As a system it has undoubtedly done much good by teaching us the power and tendency of nature to cure disease; but it has also done much harm by giving occasion to disgraceful vituperation. For, be it remembered, rancour and invective are apt to be looked upon by the world as the weapons used in defence of feeble principles.

In asserting that homœopaths have repudiated pathology, I am accused of doing an injustice to many painstaking and laborious men. I should grieve sincerely were it so; but failing to see exactly the good that pathology can do to one who has confessed his entire faith in the dogma "*similia similibus curantur*," and collecting from the writings of modern homœopaths that the renunciation of Hahnemann is shared in by many of his followers, I feel that I am justified in all that I have written.

Dr. Sharp, a distinguished and honourable physician, who defers to the doctrine of homœopathy, in a dispassionate and philosophical address writes thus: "I believe the rejection of pathology by Hahnemann has been one of the main hindrances to the reception, by the medical profession, of his homœopathy; and it will, I think, remain an insuperable obstacle." Now, although I do not entirely concur in the above quotation, I do think that, but for the blunder in question, much that was suggestive in Hahnemann's writings would have been received with that spirit of toleration which teaches men to regard dissidents from received standards of opinion with charity, if not with respect. No one of us can know how well-founded the opinion he holds is until he has heard all that can be said against it.

Clarges-street, May, 1866.

ON

GANGRENE OF THE CELLULAR TISSUE FILLING THE ISCHIO-RECTAL FOSSA.

BY T. W. NUNN, F.R.C.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

INFLAMMATORY action in the neighbourhood of the rectum terminating in gangrene is, I believe, a rare occurrence. It will probably be remembered that about two years since the daily journals contained accounts of a railway traveller, who, swallowing a small nail in some soup taken at a railway-station *buffet*, was said to have died in consequence of the injury inflicted by the nail on its subsequent passage through the anus. I was informed by a gentleman who had been in a position to learn the particulars of the case, that mortification was the cause of death.

It so happened that the traveller had insured his life with the company especially dealing with risk by accident; and on the application of the representatives of the deceased the company, with remarkable liberality, paid over the sum for which he had insured himself.

The two following cases may possess some interest in relation to the cause of death in the instance just mentioned:—

CASE 1.—December 16th, 1864, I was requested by Dr. M'Oscar, of Argyll-street, to meet Dr. Cumming and himself on the case of a patient between fifty and sixty years of age, who was suffering from acute inflammation of the buttock, and had gangrene of the tissues immediately in contact with the rectum. Some four or five days previously the patient was first seen by Dr. M'Oscar, who, recognising the severity of the case, made a free incision into the most threatening point, situated between the anus and tuber ischii. It was through this incision that gangrenous tissue was protruding at the date of my visit. Little, therefore, remained to be done surgically. The patient's tongue being dry and brown, and his general condition indicating exhaustion, we agreed to administer a mixture of brandy and sparkling Moselle, and to continue the ammonia, bark, and opium already prescribed. As much of the gangrenous tissue as could be clipped away was removed, and solutions of chloride of zinc and permanganate of potash were perseveringly syringed into the wound. Towards the end of the month all danger was passed.

I have once since examined the patient. I did not find that any communication existed between the bowel and the depression (rather than sinus) left by the destruction of tissue.

The history of the case was, that the patient, a tavern-keeper, after having been busily engaged in "cellar work," had rested himself for some time on a damp seat. Not many hours had passed before inflammation set in, with rigors and other severe constitutional symptoms.

From the condition of the tissues and the severity of the general symptoms, one might be led to suspect extravasation of fæcal matter. The nurse stated that fæcal matter had passed by the wound. I saw no proof of this having occurred, and I detected no opening into the gut. I am therefore inclined to believe that the inflammatory action was not due to fæcal extravasation.

CASE 2.—I was called to see the wife of a medical friend residing in the south of London. The date of my visit was Feb. 3rd, 1866. Ten days previously this lady had taken a rather long walk, and had, she believed, sprained herself by slipping on a piece of orange-peel, having experienced at the moment a sharp pain in the perineum. In a day or two fever came on, with inflammation of the left buttock. She was seen by an hospital physician, whose diagnosis was that the case was one of erysipelas.

I found the patient with a small and rapid pulse, and other symptoms of prostration. The edge of the left buttock was intensely inflamed, presenting the appearances in a great measure of phlegmonous erysipelas; but midway between the anus and tuber ischii an opening as large as the tip of the finger had formed, and through it tissue in a state of gangrene could be seen. The exhalations left no doubt that mortification had taken place. I made a free incision parallel with the outer border of the sphincter traversing the opening named, and gave exit to a considerable quantity of brownish-red purulent (?) fluid, and I syringed with solution of chloride of zinc and permanganate of potash.

A good deal of bleeding from a twig of the inferior hæmorrhoidal artery took place, which necessitated the application of matico. Champagne, brandy, and ammonia were diligently given, but nevertheless, on the following afternoon, the patient sank. She was between forty and fifty years of age, rather stout, and, ordinarily, pallid. I detected no communication with the gut.

I have been led to conclude that such cases of gangrene are rare from the fact that works especially dealing with diseases of the rectum make no mention of this very severe affection. There can be no question that the early incision in the first case mainly contributed to the escape of the patient with his life.

Stratford-p'lace, May, 1866.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1866.

ROYAL COLLEGE OF PHYSICIANS.

TUESDAY, MAY 22ND.

Dr. ANDREW WOOD, in moving the adoption of the report of the committee on the draft of the Medical Acts Amendment Bill transmitted from the Home Office, said that during the last session the Council had discussed at great length the Bill which was then proposed for the purpose of amending the Medical Acts. Several subjects were then incidentally introduced which he hoped would not be introduced on the present occasion. One of these subjects was the introduction of clauses for giving the Council larger powers in regard to the regulation of education. That matter had been frequently discussed, and a majority of the Council finally resolved that it was better that the powers of the Council should be allowed to stand as they were. One great object of going to Parliament for an amended Bill was to obtain an amendment of Clause 40, which had proved notoriously deficient in its application. Various clauses were suggested, and the Council at length decided on Clause 16, as it stood in the proposed Bill with very little modification. The proposed alteration was to substitute the words "doctor of medicine" for the word "doctor." After the clear manner in which the report had referred to the subject, he would only say that if the Bill passed with the suggested alteration, ample means would be afforded to all qualified persons to continue practising without incurring the penalties of the Bill. The registration clause recommended by the Council was adopted by the Home Office with only two modifications. In Clause 3 the words "by order of a Court of competent jurisdiction" were added, in order to set at rest any doubt as to the power of appeal from the decision of the Council in reference to the erasure of any name from the register. The other alteration was that the registrar was required to send a letter to any practitioner who might be supposed to have retired from practice, then at the end of three months he was to pause for fourteen days, and then send another letter; and if at the end of three months from the sending of the second letter no answer was returned the name was to be erased from the register. Another matter for observation was that the preamble had been left out in the Bill transmitted by the Home Office. There might be valid reasons for such a course, but if there were none he thought the Council would be justified in praying for the introduction of the preamble prepared last year, "Whereas the Medical Act of 1858 has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners." Two new points had been introduced by the Home Office. The first was that the Bachelorship of Surgery of the University of London was to be included in Schedule A. It would be recollected that last year there was a division upon that point, and it was decided by a majority of the Council that the Bachelorship should not be placed in Schedule A, in so far as the Council was concerned. He thought it due to himself to explain why he, and he believed some others who voted in that division, were against the insertion in Schedule A of a Bachelorship of Surgery. The simple reason was that he thought the Council had no power legally to make additions to the schedule, and he was confirmed in that view by the fact that in the draft Bill Mr. Thring had given power to the Medical

Council, with the consent of the Privy Council, to make additions from time to time to Schedules A and B. Some of the members of the Council had been strongly commented on in the medical journals for the course they took in that matter; but he adhered to the opinion that they were right in refusing to introduce an additional qualification into the Medical Act. Now that the thing was put in a legal form he saw no ground for refusing to introduce the Bachelorship of Surgery of the London University, especially as all the other universities had been allowed to register similar qualifications. The most important introduction into the Bill was the power given to the Council to register foreign and colonial diplomas and degrees. When the Medical Act was first introduced it was thought necessary to give power to the Council to register foreign and colonial degrees obtained legitimately previous to the passing of the Act. But the Council had no power in reference to such degrees and diplomas granted after the passing of the Act. He did not think that the Council *proprio motu* would have moved in the matter, but it appeared from the able speech of the President at the commencement of the session, and from various papers in the minutes of the Executive Committee, that the Home Office had been subjected to strong pressure on this point. He (Dr. Wood) confessed that, apart from the papers in question, and setting aside all consideration of the source of some of the letters sent to the Home Office, some injustice was done to the holders of colonial qualifications. The holders of registered qualifications obtained in England were entitled to practise in the colonies without being submitted to colonial examination, and he thought there ought to be some reciprocity in this matter. There were in the colonies—in Canada, for instance—some first-rate universities, which had ample staffs of teachers, and had instituted examinations, preliminary and professional, which at all events came up to the minimum established in this country. He thought it to be a graceful and proper act on the part of the Council to give every facility for the registering of degrees and diplomas from Canada. But there were also in Calcutta, Madras, and Bombay, universities which had obtained a high reputation, and from which young men highly cultivated in every respect came to England to take British qualifications, but who now, in consequence of the charters conferred on those universities, might be enabled to obtain high degrees and diplomas, and who therefore, by the law of reciprocity to which he referred, were entitled to register in this country without further examination. Universities were also being established in Melbourne and Sydney, and staffs of teachers were being formed, if they had not been formed already. But the Council had not yet had the opportunity of judging whether those institutions were deserving of recognition. If the Council should agree to the introduction of colonial degrees and diplomas, the omission of Australian universities could do no harm, because there was a clause in the Bill enabling the Council from time to time to introduce other bodies with the consent of the Privy Council. With regard to foreign degrees and diplomas a greater difficulty might be experienced, because foreign universities were altogether beyond British control, and the Council had no means of ascertaining how far the qualifications were worthy of recognition. But the Council could not ignore the fact that some of the universities and schools abroad were of very high repute, and that the qualifications were as high as, if not higher than, those required in Great Britain. Certainly, in all those cases in which the Council would be disposed to recognise the qualifications they would at all events come up to the minimum required in England. There could be no doubt that diplomas of such universities as Paris, Berlin, Vienna, Copenhagen, and Stockholm, were in all respects worthy of being recognised. There was another class of foreign universities and educational bodies—those in the United States—in regard to which the information possessed by the Council was hardly so full as could be desired; but it was quite clear that if the Council adopted the principle of recognising foreign diplomas and degrees it would almost afford a *casus belli* to the United States not to give their really good universities the recognition accorded to those of other nations on this side of the Atlantic. He hoped that the Council would be inclined to entertain the proposition of the Home Office. Of course, each case should be taken upon its own merits; but he hoped the Council would adopt the principle of admitting such foreign and colonial degrees and diplomas as they might deem worthy of recognition, because it was evident, from what had been stated by the President, that if the Council refused to adopt the principle the Home Office would not give the Bill its support.

The PRESIDENT said that no such view was expressed in the letter of Sir George Grey. He had mentioned to the committee that he believed that such would be the result; but he was not authorized to make the statement. The Council should be guided by the letter of Sir George Grey, not by anything he had said to the committee.

Dr. ANDREW WOOD said that the Home Office had requested the Council to prepare a schedule (Schedule B) to include those foreign and colonial diplomas and degrees which they might deem to be worthy of recognition; and the committee had felt that to be by far the most difficult part of their duty. To be called upon within a short time to go over all the qualifications of the different universities, and to say which were worthy of recognition and which were not, was a Herculean task for which they felt themselves but little qualified. The committee doubted whether it was desirable to have any Schedule B, because if certain bodies were once inserted in such a schedule, it was obvious that it would be extremely difficult to remove them in case the Council should desire to do so. The committee had therefore suggested an alternative, which it recommended the Council to adopt, that without introducing any Schedule B, the Council should be empowered every year to prepare and publish in the Medical Register and in the *Gazette* a list of the foreign and colonial bodies whom they desired, with the consent of the Privy Council, to recognise. If that plan were adopted, it would be one of the duties of the Medical Council to revise the list every year, and to add to it from time to time such universities and public bodies in the colonies or in foreign countries as satisfied the Council that they deserved to be recognised; and in the event of the Council thinking that any of the bodies previously admitted had ceased to come up to its requirements, it would be enabled to represent them to the Privy Council, with the view of having them taken off the list. He begged to move that the Bill be read clause by clause, together with the corresponding portions of the report.

Dr. CHRISTISON seconded the motion.

Dr. AQUILLA SMITH said it appeared to him that there was no prospect of the Bill being introduced during the present session of Parliament, and moved that the consideration of the Bill be postponed to the next meeting of the Council, with the view of giving to the members a full opportunity of considering its provisions. But, on the representations of Dr. Christison, Dr. Smith said he would not press his amendment.

The PRESIDENT said he was not sure that the preamble had been intentionally omitted at the Home Office. No doubt, through some error or haste in the preparation, the preamble did not appear in the copy sent to the Home Office by the Council. The subject had never been discussed between himself and the Home Office authorities.

Dr. ANDREW WOOD moved the insertion of the preamble before the words, "Be it enacted." He thought it was important that the Council should not go to Parliament to obtain fresh powers without stating the reason—namely, that the Act of 1858 had proved ineffectual for the purpose for which it was intended.

Dr. PARKES seconded the motion.

Sir D. J. CORRIGAN objected to the preamble, seeing that it recognised unqualified practitioners as they never had been recognised before, by the words "Whereas it is expedient to enable persons to distinguish qualified from unqualified practitioners." In the recent Act obtained by the veterinary surgeons it was not stated "Whereas it is expedient to enable farmers and gentlemen in the country to distinguish between qualified and unqualified veterinary surgeons;" but the Act positively declared that any unqualified man practising as a veterinary surgeon, or representing himself as such, is liable to penalties.

The PRESIDENT said that the objection to which Sir Dominic Corrigan alluded was considered last year, and the committee suggested a new preamble, which was part of the amended Bill, and in which no allusion was made to unqualified practitioners.

Dr. ALEX. WOOD and Mr. SYME thought it inexpedient to press for the preamble, Parliament being very jealous of conferring additional powers.

After much discussion,

The PRESIDENT said he did not believe that the preamble as agreed to last year by the Council was ever formally submitted to the Home Office.

Dr. Andrew Wood's motion was then put, and the numbers were—for, 8; against, 7.

Clauses 1 to 9 were successively agreed to by the Council without discussion.

Clause 10 was then read, in connexion with Paragraph 2 of the committee's report.

Dr. HAWKINS said the committee had been under some mis-

apprehension with regard to the fourteen days within which the registrar's second letter should be sent.

Dr. CHRISTISON asked what was the use of so long and complicated a section.

Dr. ANDREW WOOD said that the registrar last year complained of the inefficiency of the clause, and pointed out various ways in which it might be improved. A clause had been prepared by Mr. OLVRY simply for the purpose of making easy what the registrar had found almost impossible.

Dr. CHRISTISON saw no reason why the name of a gentleman who had retired from practice should be erased from the register.

Dr. STORRAR said he had not taken a fee for ten years; but his name was still on the register, and he did not see why it should be removed. He occasionally wrote a prescription; and if his name were erased from the register he might be regarded as an unqualified practitioner.

Dr. A. SMITH said the object was to enable the registrar to erase the name of any person who desired it.

The PRESIDENT said that if the registrar received no letter from the person to whom he applied, it was to be presumed that he was dead, and his name would be erased accordingly.

On a comparison of the proposed clause with that agreed to by the committee last year, it was ascertained that some words had been omitted. The further consideration of the clause was consequently postponed, and with the view of taking Mr. OLVRY's advice. Clauses 11, 12, and 13 were then read, with the corresponding portions of the committee's report.

Dr. ANDREW WOOD moved the adoption of Clause 13, with the understanding that the nature of the bodies included in Schedule B should be left undecided.

Sir D. J. CORRIGAN said there were very serious objections to the clause as it stood. He had no objection to recognising colonial degrees; but he objected to admitting the degrees of foreign bodies. In the State of New York there were no less than thirteen universities; and in some of the smaller States there were two or three. There were also dozens of universities in Germany. An Englishman going to France and holding a degree from the highest university in England was not permitted to have an hospital, or to fill any public situation. He thought it was going too far to admit diplomas from all foreign countries, especially without any reciprocity. He moved the omission of the word "foreign" from the clause.

Dr. ALEX. WOOD said that there were some foreign universities about which there could be no doubt whatever; but there were certainly others which sprang up like mushrooms where the course of study could not be ascertained to be such as to entitle the holders of diplomas to recognition by the Medical Council. But the Council was placed in a very peculiar position, which induced him to support the original motion rather than the amendment of Sir D. J. Corrigan. The original Bill contained no provisions of that kind; but it came back from the Home Office with the clauses most elaborately prepared, and, if the Council did not accept them, the probability was they would get no Bill at all. They had, therefore, to make up their minds whether they would submit to the clauses in question, or give up all hope of obtaining the Bill. It should be remembered that the Council would only admit certain bodies, whose names would be in Schedule B; or, if the suggestion made by the committee was adopted, there would be no schedule at all, but only a list prepared from year to year by the Council. If a schedule was prepared, and presented to Parliament, it might be competent for a member to get up in his place and move that the Homœopathic College of Ohio be added to the list; and unless they had some one to check such a movement a most heterogeneous list of bodies might be thrust into the schedule. There would be no objection to the clause if the Home Office would consent to give power to the Council, by the authority of the Privy Council, to prepare annually a list of such bodies as might be deemed worthy of recognition. He did not think the Council should trouble itself about any question of reciprocity. If the country had waited in reference to the Free Trade movement till other countries had adopted the same principle, nothing of the kind would have been accomplished. The best plan was to show a liberal disposition, trusting that other countries and other universities would follow the example. If the alternative plan suggested by the committee was adopted by the Council and by the Home Office, he believed there would be no difficulty in so regulating the clauses as that they should not lead to the insertion in the register of the names of unqualified persons.

Dr. PARKES moved the omission of any reference to Schedule B in the 11th clause, so that it should read as follows:—"Every person shall be entitled to be registered under the Medical Act, 1858, who is qualified as follows: 1st, who is at the time at which he applies to be so registered legally possessed of a foreign or colonial diploma obtained, in the opinion of the General Council, after such course of study and such examination as guarantee to their satisfaction the possession by the applicant of sufficient knowledge and skill for the efficient practice of medicine and surgery."

After a long conversation as to the wording of the clause,

The PRESIDENT said he thought that the Council was attaching too much importance to the wording of the clause. The Government was anxious to remedy the defects in the Medical Act, and to give the Council the power of registering distinguished foreigners and colonial graduates coming to reside in the United Kingdom. If the Council expressed an opinion acquiescing in that view, there would be no difficulty in carrying it out. For himself he thought that the suggestion of the committee in their report was a better mode of carrying out the desired object than the clause adopted by the Home Office; but he did not think that that clause went so far as some members appeared to suppose, or that the Home Office ever contemplated that the privilege of recognition should be very largely accorded. It was not desired that any long list of recognised bodies should be prepared, but only that the principle should be recognised. He thought the Council might adopt the clause as it was worded, reserving to themselves the right of including in Schedule B only those bodies of whose respectability and character they were perfectly satisfied.

Dr. APJOHN did not think that the Government would expect the Council to accept foreign diplomas which did not qualify for practice in the countries where they had been granted. The Government itself did not accept the diplomas of the English licensing bodies, but required the holders to undergo another examination before receiving appointments in connexion with the army and navy.

Sir D. J. CORRIGAN said that, after listening attentively to the arguments advanced by the members who had spoken, he still adhered to his amendment excluding foreign diplomas. It was said that the adoption of the proposed clause was a *sine qua non* on the part of the Government; but he protested against any Bill being forced upon the Council under any threat of that kind. He would rather abandon the Bill altogether than accept it on such terms. If the admission of foreign diplomas was left to the discretion of the Council, he was persuaded that it would be very difficult to prevent their being flooded with diplomas from abroad. Personal influence might in some instances be used to get a person admitted on the register, and the Council would have the difficult and invidious task thrown upon it of proving that the examination to which the person had been subjected was insufficient. The proposed clause was not necessary to enable "distinguished foreigners" to practise. Any medical body would at once admit a distinguished foreigner as an honorary fellow. Those who came for that purpose would be principally adventurers, and if the door was open to them it would be difficult to know where to stop. There could be no hardship inflicted on anyone by refusing to admit foreign diplomas, and it was too much to ask the Council to give to medical students from abroad privileges in respect of practice which they did not possess in their own countries. The Government of Belgium said to all medical students: "Get your degree first; but before we entrust to you the lives of his Majesty's subjects, we require you to undergo an examination by a body of men who have our confidence." It could be no hardship to require foreigners coming to this country to comply with its laws, and to undergo an examination by one of the licensing bodies.

Dr. ANDREW WOOD said that the object was to provide for the admission, not merely of distinguished foreigners, but of all foreigners who were properly qualified. With regard to the probability of the Council being flooded with diplomas, it should be remembered that only such diplomas would be received as were granted by the bodies which appeared in the list framed by the Council.

Dr. ALEX. WOOD said it was worthy of consideration whether the Council should not have the power of admitting individuals as such, without regard to any list of bodies, each case being decided upon its own merits. He knew that the Council exercised extreme vigilance in regard to the admission of foreign qualifications prior to the Act of 1858, and he had no doubt that similar vigilance would be exercised in future.

A vote was then taken upon Dr. Corrigan's amendment, and the numbers were—for it, 6; against it, 13.

The motion of Dr. Andrew Wood was then put and carried, the numbers being 14 for and 5 against it.

The remainder of the sitting was occupied in discussing

various verbal points in reference to Clause 12. The discussion resulted in a motion by Dr. ANDREW WOOD,—"That Clause 12 be amended as follows: 'If it appears to the Privy Council, on the representation of the General Council, that any qualification other than those described in Schedule A to the Medical Act, 1858, is granted by any university, college, or body, in the United Kingdom or elsewhere, after such a course of study and such examination as guarantee to the satisfaction of the General Council and Privy Council that any person to whom such qualification has been granted possesses the requisite knowledge and skill for the efficient practice of medicine and surgery, it shall be lawful for the Privy Council, in the case of any qualification granted by any university, college, or body in the United Kingdom, to direct by order that every person holding such qualification shall be entitled to be registered under the Medical Act, 1858, in the same manner and with the like effect as if the qualification were described in the Schedule (A) to the Medical Act, 1858; and (in the case of any qualification granted by any university, college, or body elsewhere than in the United Kingdom) to direct by order that every person holding such qualification shall be entitled to be registered under the Medical Act, 1858. And that the General Medical Council shall annually prepare and submit to the Privy Council for approval a list of those foreign and colonial qualifications which, from time to time, the General Medical Council may consider worthy of recognition. This list to be published in the *Gazette* and in the Medical Register.'"

To this an amendment was moved by Dr. ACLAND, and seconded by Dr. SHARPEY,—"That Clause 12, so far as the words 'Medical Act, 1858,' in the second line from the end, be unaltered, except by the omission of the words 'and in Schedule B to this Act' in the third line."

Some confusion arising as to various suggested wordings of the clause, and the course of procedure to be adopted, the debate was adjourned to afford the opportunity of deliberation and the means of putting the discussion in a proper train.

Dr. QUAIN presented the following report of the Pharmacopœia Committee.

REPORT.

The Pharmacopœia Committee have to report that, since the date of their last report, Messrs. Redwood and Warington have continued to be engaged in the duty assigned to them; and they have so far completed their work that the whole of the matter, with the exception of the Appendix, is now in type. The Committee have reason to hope that the volume will be ready for circulation, in proof, amongst the members of Council, in three months from the present time. Under these circumstances, the Committee beg leave to direct the attention of the Council to the resolution adopted at the meeting of last year (Minutes, vol. iii., p. 285), as follows:—

"That it is desirable to have a proof copy of the new Pharmacopœia in the hands of the members of the General Medical Council at least one month before the meeting of the General Medical Council, at which the opinion of the Medical Council is to be given relative to its being published, in order to afford to each member of Council the opportunity of making such suggestions to the Committee as may appear desirable."

As the Committee anticipate that the work will be ready some considerable time before the next ordinary general meeting of the Council, the Committee would wish to receive such further directions as the Council may feel it necessary to give them on this subject. The Committee, before concluding their report, desire, in reference to an impression which seems to prevail that some unnecessary delay has taken place in the production of the Pharmacopœia, to assure the Council that no time has been spent in the work which was not necessary.

The Committee beg to inform the Council that they have not hitherto found it necessary to make use of any portion of the funds placed at their disposal by order of the Council. (Minutes, vol. iii., p. 285.) R. CHRISTISON, Chairman.

Sir D. J. CORRIGAN presented a report from the committee on a communication from the Under Secretary of State for War in reference to the mode of appending medical qualifications possessed by army surgeons after their names in the Army List, recommending names with initials to stand thus in the Army List—for example:

Surgeon.

Name.	Qualification.
A	M.D., for University graduates.
B	Phn., for Physicians.
C	M.B., for University graduates.
D	Apy., for Apothecaries.

The Council then adjourned.

WEDNESDAY, MAY 23RD.

On the motion of Sir D. Corrigan, the Council went into committee for the further consideration of the clauses in the draft Medical Act.

The PRESIDENT said the solicitor was in attendance for the purpose of giving explanations as to the postponed clauses.

Mr. OUVRY said the first clause referred to him was Clause 10. The objection to the clause was that a person might be struck off the register, he having ceased to practise, although he might desire his name to be retained. With the view of meeting the difficulty he had slightly altered the clause, which would read as follows:—

"Each registrar may erase from his register the name of any person who, having ceased to practise, shall desire to have his name removed from the register; and each registrar may send by post to any person registered in his register a registered letter, addressed to that person according to his registered address, inquiring whether or not he has ceased to practise, and whether he desires his name to be retained on the register; and if the registrar does not, within three months after sending such a letter, receive any answer thereto from the person to whom it is sent, he may, within fourteen days after the expiration of the said period of three months, send by post to that person another registered letter, addressed to him according to his registered address, referring to the first letter, and stating that any answer thereto has not been received by the registrar; and if the registrar does not, within three months after sending such second letter, receive any answer thereto from the person to whom it is sent, that person shall, for the purpose of the present section, be deemed to have ceased to practise, and not desire to have his name retained on the register. And the name of any person shall not (without his consent) be removed from the register on the ground of his having ceased to practise, except in pursuance of the provisions of the present section. Provided that a person whose name has been erased from the register *with his* consent, on the ground of his having ceased to practise, shall not be liable to any penalty under this section, by reason of his being engaged gratuitously in the cure or treatment of any disease or injury."

Dr. ANDREW WOOD moved that the clause as amended be adopted.

Dr. PARKES seconded the motion, which was agreed to.

The PRESIDENT said, with reference to the motion of Dr. Andrew Wood as to the insertion of the preamble of the draft Bill of the Council if there was no legal objection, that Mr. Ouvry had considered the subject, and advised him that there was no legal objection.

Dr. ACLAND said that in order to expedite business he would withdraw his amendment as to Clause 12.

Dr. CHRISTISON said Mr. Ouvry had made certain corrections in the clause which would render it more conformable to what was right to be done. Mixed up with Clauses 11 and 12 was a very important privilege to which no one had adverted—namely, a privilege to the Council to determine, with the approval of the Privy Council, that any new titles which might be given in the United Kingdom should be registered in like manner as if those titles had existed originally in Schedule A. On looking over the clauses relative to colonial and foreign degrees, the whole matter would be made very plain by severing the privilege that he had alluded to from the other part of the clause. If that was done both clauses would become perfectly clear. Among the corrections he proposed to make was one by which colonial and foreign diplomas should be recognised if they conveyed the right to practise in the colony or foreign country in which they were obtained. In regard to recognising new titles given by any body in the United Kingdom such as might be registered under Schedule A, he proposed to introduce the condition that the body granting the new title should be legally entitled to grant it; because by a strange omission, according to the clause as it stood, any medical body in the United Kingdom might grant a new title, and the Council might be entitled to take it up and recommend it as one to be put on Schedule A. It never could have been the intention of either their own lawyer or the Government lawyer that any body by a side wind should have the privilege of granting a new title which their charter did not empower them to grant. He moved the adoption of the clauses drawn up by Mr. Ouvry in lieu of Clause 12, and said that when they considered the report in Council if these new clauses should appear inconsistent with their previous approbation of Clause 11 that clause might be rescinded.

The PRESIDENT said he quite agreed with Dr. Christison as to the desirableness of so doing, but at the same time he could

not admit an amendment on a subject which had been decided on the previous day.

Dr. CHRISTISON said there had been a very serious omission in Clause 11, on which ground alone they must go back to it, because there was no allusion to the approbation of the Privy Council.

Dr. ALEX. WOOD asked permission to withdraw his motion.

Dr. Christison's amendment now became a substantive motion; and was seconded by Dr. Quain.

The clauses having been read by Mr. Ouvry, some discussion ensued as to whether the committee would be in order in rescinding Clause 11 passed on the previous day; and eventually

Dr. ALEX. WOOD repeated his suggestion that the new clauses might be carried, and then when the report was brought up Clause 11 might be struck out as unnecessary.

This suggestion was assented to; and the following resolution was put and agreed to:—"That instead of Clause 12, the following clauses be substituted:—

"1. Every person who has resided in the United Kingdom for a period of not less than twelve months immediately previous to making his application, shall be entitled to be registered under the 'Medical Act, 1858,' who legally possesses a colonial or foreign diploma from a university, college, or other body qualifying him to practise medicine or surgery in the colony or foreign country where such diploma was obtained. Provided such diploma shall have been granted by a university, college, or other body recognised in a list of such qualifications as shall from time to time appear to the General Medical Council as proper to be included in a list to be annually prepared by such Council, which list shall be submitted to her Majesty in Council for approval, and shall thereupon be published in the *London Gazette*.

"2. If it appear to the Privy Council, on representation by the General Medical Council, that any qualification, other than those described in Schedule A to the 'Medical Act, 1858,' as amended by this or any other of the Medical Acts, is granted by any university, college, or body in the United Kingdom legally entitled to grant the same, after such a course of study and such examination as guarantee to the satisfaction of the General Medical Council that any person to whom such qualification has been granted possesses the requisite skill and knowledge for the efficient practice of medicine and surgery, it shall be lawful for her Majesty in Council to direct by order that every person holding such qualification shall be entitled to be registered under the 'Medical Act, 1858,' in the same manner and with the like effect as if the qualification were inserted in the Schedule A to the 'Medical Act, 1858.'"

Dr. ANDREW WOOD moved that Clause 13 in the Draft Bill be adopted.

Dr. PARKES seconded the motion, which was agreed to.

Clause 14 was read.

Dr. ANDREW WOOD moved, and Dr. PARKES seconded, the adoption of the clause.

Dr. PAGET said the clause might very well be adopted without any remark, but for the comments with which it was introduced on the previous day by the chairman of the Medical Acts Committee (Dr. Andrew Wood), who spoke of it as a measure of justice to the London University, inasmuch as all other universities in the United Kingdom were allowed to register a similar degree; and the matter had still more point given it by his explanation of the reason of his own vote a year ago—that he then doubted the legality of the course proposed, but had since found he was under a misconception. It appeared to him (Dr. Paget) that the whole of this was a complete mistake. It was an unfortunate mistake, because it put the Council in the very disagreeable position of having done an injustice last year. There was no doubt that, if all other universities in the United Kingdom were allowed to register a similar degree, the act of the Council last year, when by a majority they decided a question of the kind, would have been a very great injustice to the University of London. His contention was that no injustice whatever was done to the University. In the first place there was no other university in the United Kingdom that had the power of registering the degree of Bachelor in Surgery; and, in the second place, the University of London had the power of registering any degree of surgery that was granted by any other university in Great Britain. The original Act granted the privilege of registering the Mastership in Surgery to all the universities of the United Kingdom without any exception. The only other qualification in surgery possessed by any university was the Licentiate in Surgery granted by the Dublin University and the Queen's University of Ireland. No university whatever possessed the power of registering the degree of Bachelor in Surgery. It was an entirely new degree. He mentioned this because otherwise the Council would be unintentionally misrepresented by what fell from Dr. Wood. He was by no means prepared to oppose the measure, but he saw no reason why the privilege should be confined to the University of London. Without at all discussing whether it was a good general measure, the privilege or right, if conferred upon one university, should be conferred upon all. He proposed as an amendment to the clause that for the words "the University of London" should be substituted "any university of the United Kingdom."

Mr. HARGRAVE seconded the amendment.

Sir D. J. CORRIGAN concurred in the principle of Dr. Paget's amendment. He suggested that it should read as follows:—"The degree of Bachelor of Surgery conferred by the University of London or by any other university in the United Kingdom that may now or hereafter be legally authorised to grant the same."

Dr. STORRAR said, in justice to himself and to the university he represented, he ought to remind the Council of the course he took last year. It appeared by the Minutes that it was "moved by Dr. Storrar, and seconded by Mr. Syme, that Section 10 in Schedule A of the Medical Act be amended by the addition of the words 'or Bachelor' after the word 'Master' in the first line." The result would have been that Section 10 would be read thus:—"Doctor or Bachelor or Licentiate of Medicine, or Master in Surgery or Bachelor of Surgery of any university of the United Kingdom." That motion, however, was defeated. The University of London then took the only course open to it, which was to appeal to the Secretary of State, and the Secretary of State proposed to include the university. Was it the duty of the University of London to say to the Secretary of State, "You must put in all the rest of the universities of the United Kingdom"? Certainly not. They would have been stepping beyond their right in doing anything of the kind. It might possibly be that they desired a qualification which other universities did not. Now that there was an expression of opinion that it was desirable to introduce all, he begged simply to remind them that he made that proposal a year ago.

Dr. APJOHN inquired what were the qualifications in Arts for the degree of Bachelor of Surgery?

Dr. STORRAR said, precisely the same as were required for Bachelor of Medicine and Doctor of Medicine.

The clause as amended by the proposal of Dr. Paget was put to the Council, and agreed to—viz.: "The degree of Bachelor of Surgery conferred by any university in the United Kingdom which now is, or hereafter shall be, legally entitled to confer the same, shall, for the purpose of enabling any person to be registered under the 'Medical Act, 1858,' be deemed to be one of the qualifications described in Schedule A of that Act."

Clauses 15 and 16 were read.

Dr. ANDREW WOOD said as the two clauses were so nearly related, they must be moved together. He moved that Clauses 15 and 16 be adopted with the omission of the words "of medicine" coming after the word "doctor" in Clause 16.

Dr. PARKES seconded the motion.

Dr. CHRISTISON called attention to some important points in the clause as so altered from the former clause. In Clause 40, as it originally stood, the prosecutor was not required to prove that any person was engaged in the practice of medicine. In the clause as proposed to be amended, the prosecutor was required to furnish that proof. The representatives of the Society of Apothecaries and of the College of Physicians of London would tell them that in actions brought by them in former times they found it exceedingly difficult to prove practice; so that the Council were now placing an additional difficulty in the way of putting an end to the practice of those unregistered persons who were preying on the public. The old Act said that if a person assumed the title of physician without being qualified, he was subject to the penalty; but now the prosecutor was required to prove practice, which would always be found a matter of difficulty. Again, the omission of the words "of medicine" would prevent any man from using the title of doctor who really was entitled to call himself doctor, whether of Philosophy, Science, or Music.

Sir D. J. CORRIGAN thought it was practically impossible to construct a strictly penal clause. He had noticed a plate, in London, bearing the words, "Dr. ——, Practitioner," and then there was added underneath, "Teacher in Phrenology." To ignorant persons the word "phrenology" must appear to be a great additional qualification. How were they to prove practice in a case of that kind? He quite concurred with Dr. Christison in his objections to the words in the first

and second lines, "or engaged in the cure or treatment of disease or injuries," which ought to be left out.

Dr. ANDREW WOOD was sorry to find they were launching on a similar debate to that of last year. If the Home Office had introduced anything which the Council had not agreed to last year it would be a fair subject for discussion. But seeing that the clause was agreed to by them and adopted by the Home Office with merely the insertion of the objectionable words "of medicine," it was a great pity that they should again raise the question. The result arrived at last year was that no man should practise medicine under any medical title who was not registered under the Act. That was the new matter introduced. The offence could not be difficult to prove, because, if a man was found practising medicine under any title such as was described in the Act, and he was brought up, the magistrate would at once refer to the Medical Register, and if his name was not there the penalty would be imposed. If the Council, however, should reverse their decision of last year, they would subject themselves to a very great amount of odium outside, and very justly, because it would show an amount of vacillation anything but creditable.

The PRESIDENT was sorry to be compelled to leave the chair to fulfil an important engagement, and asked Dr. Stokes to supply his place for the remainder of the day.

Dr. Stokes having taken the chair,

Dr. ALEX. WOOD referred to difficulties which would be experienced in inducing the Home Office to meet the views of the Council.

Dr. CHRISTISON said that no person used the title of Doctor as applicable to philosophy, law, &c., for the purpose of getting into medical practice; and the Council might therefore well ask the Government to say that no unregistered person should style himself "Doctor" if he engaged in practice. He thought that the clause might be improved by the insertion of the words, "any person who shall falsely take the name or title of Doctor, he being engaged in the practice of medicine or surgery as an unregistered person." The great object was to render the prosecutions as simple and easy as possible.

Mr. OUVRY said that Dr. Christison's proposal did not remove the difficulty experienced under the old clause. It would not be sufficient to introduce the term "falsely," because many a man styling himself "Doctor" might be really a Doctor of some of the homœopathic or other colleges, so that the clause would be ineffectual in that respect. With regard to the difficulty of proving that a man is engaged in the practice of medicine or surgery, it should be remembered that that is the offence, and the offence must be proved before the penalty can be inflicted. The same difficulty was experienced with regard to every prosecution. No doubt in many cases there would be some difficulty experienced, but he did not see how it could be avoided. With regard to the insertion in the clause of the words "Doctor of Medicine," it was simply absurd, because that title was already prohibited by a former part of that clause, inasmuch as it was included in the designations in Schedule A under the Act of 1858. He thought that the Home Office had not really considered that the clause was limited to persons engaged in the practice of medicine or surgery. He should imagine that an accoucheur would be held to be a person practising medicine or surgery.

Sir D. J. CORRIGAN said that under the charter of the London College of Surgeons the degree of Licentiate of Midwifery was granted without any qualification in medicine or surgery, and in the College of Physicians in Ireland the three qualifications were perfectly distinct.

Dr. A. SMITH said there could be no doubt that a large number of unqualified persons were engaged in the practice of midwifery. He had a long list of advertisements which had been inserted in the journals by persons of that description. One of these advertisements was to this effect: "A gentleman, aged twenty-nine, requires an engagement as an assistant. Is a good accoucheur and dispenser; can ride and drive; understands union and club practice; and is no smoker." (Laughter.)

Dr. ACLAND inquired whether the clause permitted persons who were registered under one title to use another.

Mr. OUVRY said that the clause had nothing whatever to do with registered practitioners.

Dr. A. SMITH said there could be no doubt that any person who was registered might call himself anything he liked.

Dr. Andrew Wood's motion for the adoption of the clause, omitting the reference to Schedule B, was put and carried.

Clause 17 was then read. "Nothing in this Act shall prejudicially affect any occupation, trade, or business, rights, privileges, or employment expressly saved from the operation of the 'Medical Act, 1858,' or affect the rights or interests of any person or class of persons expressly exempted or protected by any provision of any of the Acts described in the schedule to this Act."

Dr. ACLAND moved the adoption of a clause to precede the final clause, to the following effect:—"Notwithstanding anything in the Medical Act to the contrary, such expenditure as from time to time may be deemed by the General Council necessary for the improvement of the list of materia medica, shall be deemed to be authorised by the Act." He said he did not think the clause was really necessary, because, in his judgment, the Council already possessed the power to expend its funds in the manner indicated; but if the Council had no such power, he desired the insertion of the clause which he had proposed.

Mr. RUMSEY seconded the motion.

Dr. SHARPEY thought there could be no doubt that the Council had the power to employ money for the purpose of making scientific inquiries with reference to the Pharmacopœia, because that was only part of the execution of the Act. The point on which he differed from Dr. Acland was not as to the power, but as to the expediency, of expending money in that way.

Dr. ACLAND withdrew his proposal; and the motion for the adoption of Clause 17 was unanimously agreed to.

Dr. ANDREW WOOD moved,—"That it be remitted to the Medical Acts Amendment Committee to prepare and bring up a report of the committee of the whole Council on the Medical Acts Amendment Bill; and that their report take precedence of all other business to-morrow."

Dr. ALEX. WOOD moved as an amendment,—"That the Council now resume."

The amendment, after a brief discussion, was withdrawn, and the original motion agreed to.

The first paragraph of the report having been read,

Dr. ALEX. WOOD repeated his proposal that the Council should resume, and that it be remitted to the committee to bring up the Bill as agreed to, and an amended report according to the resolutions of the Council, such report to take precedence of all other business.

Dr. ACLAND seconded the proposal, and said he considered it irrational to proceed with the report of the committee after the Bill had been adopted.

The CHAIRMAN ruled that Dr. Alex. Wood's motion could not be entertained.

Mr. CÆSAR HAWKINS thought the Council was getting into inextricable confusion. To alter the report of the committee presented to the Council for the purpose of converting it into a report from the Council to the Government seemed to him to be preposterous. The common-sense mode would be to appoint a committee to draw up a report of what had been done, together with a statement, to be forwarded to the Home Office.

The CHAIRMAN said that the original motion for considering the report of the committee must be carried out.

The first paragraph of the report was then adopted, in accordance with a previous resolution of the Council.

The second paragraph, with reference to the registration clause, was read.

Mr. OUVRY suggested the omission of the words "for the Council may thus feel assured that the substantial justice of every case in which they have to exercise the right which they possess of erasure from the register is guaranteed by the right of appeal to a competent court of justice," inasmuch as those words would be admitting a right of appeal in cases where it had been held that no such right existed.

The paragraph was adopted with the proposed omission.

Paragraph 3, with regard to the new clauses as to registration of foreign and colonial practitioners was read.

Sir D. J. CORRIGAN proposed the omission of the list of foreign and colonial bodies contained in the clause, and of some other sentences in the report. He declined to be called upon to recognise bodies of which he knew little or nothing. He should like to omit the whole of the paragraph after the words "The committee consider it fair and right that some provision should be made for the registration of foreign and colonial diplomas and degrees."

Dr. A. SMITH seconded the motion.

Dr. ANDREW WOOD thought that the Council was bound to show to the Home Office that they had endeavoured to meet their views as much as possible in framing the Bill. The clause proposed to be omitted contained explanations and arguments which he thought ought to be submitted to the Home Office, and he therefore objected to its omission; but he had no objection to the omission of the words "especially as they are

now given to understand that the insertion of the clause is a *sine qud non* to the support of the Bill by the Government." It might be perhaps as well to say that the Council had endeavoured to frame a Schedule B, but found the task so difficult that they thought it preferable to adopt the alternative which had been agreed to.

The paragraph was agreed to with the modification suggested by Dr. Andrew Wood.

Paragraph 4, relating to the degree of Bachelor of Surgery of the University of London, was read.

On the motion of Sir D. J. CORRIGAN, the paragraph was altered in accordance with the resolution of the Council, including similar degrees from other universities.

The 5th paragraph, relating to the penalty clauses, was read and agreed to.

The last paragraph having been read,

Sir D. J. CORRIGAN proposed that the clause of the report under discussion should read: "The committee believe that the Home Office Bill, with the amendments suggested by them to be adopted by the Council, would prove a desirable amendment of the Medical Act—one calculated to benefit the medical profession and the public, for whose protection from unqualified practitioners it makes more efficient provision."

Dr. ANDREW WOOD assented to the proposed modification, and the paragraph was agreed to.

Dr. ALEX. WOOD proposed that the Chairman report progress, and that the Council resume.

The motion was seconded by Dr. EMBLETON, and unanimously agreed to.

Dr. ANDREW WOOD moved,—"That it be remitted to the Medical Acts Amendment Committee to prepare and bring up the Bill as now amended by the committee of the whole Council, and that the report of this committee take precedence of all other business to-morrow."

Dr. EMBLETON seconded the motion.

The CHAIRMAN said if the discussion on the question of the Medical Acts was continued on Friday, he feared there would be no time to finish the subject of education.

Dr. ANDREW WOOD said there would probably be no debate upon bringing up the report.

Sir D. J. CORRIGAN said that he should have amendments to propose when the report was brought up.

The CHAIRMAN hoped that the subject of education would not be further deferred.

Dr. ALEX. WOOD said it was important to appoint a deputation to the Home Office with reference to the Medical Act.

After some further discussion, Dr. Andrew Wood's motion was agreed to, and the Council adjourned.

THURSDAY, MAY 24TH.

Dr. ANDREW WOOD brought up the amended report of the Committee on the Medical Amendment Act, together with the following statement from that committee:—

"The committee have carefully gone over with Mr. Ouvry the draft Bill, with the alterations adopted by the committee of the whole Council. They beg leave to make the following suggestions in reference to the Bill as it now stands:—

"1. The committee recommend that as Clause 11, as originally adopted by the Council, is inconsistent with Clauses 11 and 12 as subsequently agreed to by the committee of the whole Council, the first-mentioned Clause 11 be omitted from the draft Bill.

"2. The committee recommend, with a view of simplifying the language of the clause adopted in place of Clause 11 by the committee of the whole Council, that these words should be erased—viz., 'of such qualifications as shall from time to time appear to the General Medical Council as proper to be included in the list;' and that the words 'General Medical Council' should be substituted for 'such Council.'

"3. The committee recommend that, in lieu of the third division of Clause 11 of the Home Office draft Bill, it be provided in Clause 13 that Sections 29 and 39 of the 'Medical Act of 1858' be added, so as to bring persons registered under foreign and colonial qualifications under the same liability of removal from the register for offences as those registered under Schedule A to the Medical Acts.

"The committee submit for consideration of the Council a copy of the Bill, with the amendments above suggested."

On the motion of Dr. ALEX. WOOD, seconded by Dr. EMBLETON, it was resolved to consider *seriatim* the recommendations of the committee.

Sir D. J. CORRIGAN moved the omission of the words in the 10th clause: "Provided that a person whose name has been erased from the register with his consent, on the ground of his having ceased to practise, shall not be liable to any penalty under this section by reason of his being engaged gratuitously in the cure or treatment of any disease or injury." To a person not acquainted with the complications of the profession it would appear from the words in question that the Council was willing to let unregistered persons do as they pleased, provided they did not take the shillings or guineas out of the pockets of registered practitioners. The object of that portion of the clause appeared to be that clergymen or other humane persons who had studied medicine, and had been on the register, might, after having had their names removed, be permitted to practise gratuitously on the poor. It was quite certain that the poor would be very much better without the treatment of such persons; but if those humane gentlemen desired to give their services in that way, it would be no hardship upon them to require them to allow their names to remain on the register.

Mr. SYME seconded the motion.

Mr. OUVRY suggested that the removal of a person's name from the register with his consent did not really render him less qualified to practise, and said that it did not seem desirable to oppose the Home Office on the subject of the proviso.

Sir D. J. CORRIGAN said that after Mr. Ouvry's remark he would rather have the Bill thrown out than consent to the insertion of the proviso. The Home Office was often advised by persons who would side with homœopaths and quacks rather than with legitimate members of the profession. The desire on the part of the Home Office would be that persons should scramble on to the register—travelling tutors or other persons, who might have obtained diplomas for little or nothing, with scarcely any examination, in some parts of the continent,—and that once having obtained insertion for their names on the register, they might take them off, and still be authorized to practise, so that a flood of such men would be let loose over all the country districts of the kingdom. If the Home Office thought proper to introduce clauses of which the Council disapproved, upon the Home Office should devolve the onus of drawing the Bill.

The PRESIDENT said the subject had never been adverted to in the communications that had taken place between himself and the Home Office. It was a matter for the Council to consider whether it would be prudent to fight a battle upon a minor point when there might be a contest upon a much more serious matter with reference to the omission of the words "of medicine" in the 16th clause.

Sir D. J. Corrigan's motion was then put; 8 members voted for it, and 8 against it. The decision of the question was accordingly left with the President.

The PRESIDENT stated that since the last meeting he had thought over attentively all that had been said with reference to the privilege accorded to the President of a second vote, and had quite made up his mind how to act on such occasions. The present question did not involve any great principle, and he should certainly vote against the proposed omission.

The motion was accordingly declared to be lost.

Sir D. CORRIGAN required that the names of the members voting should be taken down.

On the names being recorded, there were found to be 9 for, and 9 against the motion.

The President again gave his casting vote against the motion, which was accordingly lost.

On the motion of Dr. ANDREW WOOD, seconded by Dr. PARKES, the following resolution was unanimously agreed to:—

"That, in lieu of Clause 11 adopted by the Council, and in lieu of Clause 11 subsequently adopted by the committee of the whole Council, the following clause be substituted, viz.: 'Every person who has resided in the United Kingdom for a period of not less than twelve months immediately previous to making his application, who legally possesses a colonial or foreign diploma from a university, college, or other body, qualifying him to practise medicine or surgery in the colony or foreign country where such diploma was obtained, shall be entitled to be registered under the Medical Act, 1858. Provided such diploma shall have been granted by a university, college, or other body recognised in a list to be annually prepared by the General Medical Council, which list shall be submitted to her Majesty in Council for approval, and shall thereupon be published in the *London Gazette*.'"

With reference to Clause 13, Dr. ANDREW WOOD said that no provision had been made to bring persons registered by means of foreign diplomas under those clauses which enabled the Council to remove the names of persons from the Register who had been convicted of felonies or misdemeanours. It

was proposed to remedy that defect by adding Sections 29 and 39 of the Medical Act of 1858 to the sections mentioned in Clause 13 as applying to any qualifications entitling persons to be registered under that Act.

After explanations from Mr. Ouvry, and a brief discussion,

Mr. CÆSAR HAWKINS moved,—"That a new clause be drawn up, or some words added by Mr. Ouvry, to a clause like 39 of the Medical Act of 1858, which shall apply to persons registered under Clause 12 of the draft Act on foreign or colonial qualifications, for crimes and offences committed in their own countries, of the same nature as those referred to in Clause 29 of the Act (1858), when committed in England, Scotland, or Ireland, by persons registered under the Act of 1858."

Dr. PAGET seconded the motion.

Mr. OUVRY said that it appeared to him that the only way in which the difficulty could be met was, by providing that the registrar should not be bound to register any such foreign practitioners without the production of satisfactory evidence as to his previous character and conduct. By the insertion of Sections 29 and 30, as proposed, Section 13 would, of course, be applicable to any offences committed by foreigners after their registration in this country.

Dr. ANDREW WOOD said he should have no objection to the motion proposed by Mr. Cæsar Hawkins, if Mr. Ouvry could frame such a clause as was indicated, but he did not believe that that was possible. If the proposed clauses were proved to be insufficient, application might afterwards be made for additional powers. He did not think the Council should throw upon the registrar or upon the Branch Councils the duty of sifting the characters of all foreigners who might apply for registration.

Mr. Cæsar Hawkins's motion was then put, and the numbers were—for, 5; against, 8. The motion was consequently lost.

Dr. ANDREW WOOD then proposed that the clause should stand as recommended by the committee, and the motion was agreed to *nem. con.*

Dr. ANDREW WOOD moved,—"That Mr. Ouvry be requested to prepare a succinct statement of the reasons for the alterations made in the Government Bill by the Council (based on the report of the Medical Acts Amendment Committee, as finally adjusted by the committee of the whole Council) for transmission to the Home Office."

Dr. PARKES seconded the motion, which was unanimously agreed to.

On the motion of Dr. ANDREW WOOD, seconded by Dr. PARKES, it was resolved,—"That a letter be addressed, without loss of time, to Sir George Grey, requesting that he will receive a deputation from the Council in reference to the Bill, at as early a day as he can conveniently appoint."

Dr. ANDREW WOOD then moved that the report of the committee as amended be adopted.

Sir D. J. CORRIGAN said that, in rising to propose an amendment to the motion of Dr. Andrew Wood, he was under a deep conviction that a more mischievous Bill, or one more useless to the profession or more likely to be badly received by the Legislature, could not be devised than the Bill adopted by the Council. Not only did he entertain an objection to the Bill on its own merits, but he felt a special objection to present it to Parliament under the circumstances in which they were then placed. In order to prevent any mistake or any misconception, he would at once propose—"That the Secretary of State be requested to take the necessary steps to procure the issuing of a Royal Commission to inquire into the working of the Medical Acts, and to examine the members of the Medical Council and such other persons as they may see fit, with the view of framing a report that may lay the ground for a Medical Bill that will ensure the better education of candidates for the practice of the medical profession, and better protection for the rights of qualified practitioners, than the present Medical Acts afford." He could not avoid expressing his obligations to the President for having put the whole case in a nutshell, when he said that the object of the Bill was to enable them to substitute the word "Doctor" in the penalty clause for the words "Doctor of Medicine." The Council would observe that the new Bill repealed a most important clause of the Bill of 1858—namely, Clause 34: "That after the 1st day of January, 1859, the words 'legally qualified medical practitioner' or 'duly qualified medical practitioner,' or any words importing a person recognised by law as a medical practitioner or a member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act." That clause had been repealed which was the whole foundation of the protection afforded to the profession; and it had been carried by a majority of the Council that a person might get his name placed on the register by any means, and then withdraw it, and still continue to practise as a legally qualified practitioner. The Bill provided that persons over whom they had no control should be admitted to practise even though they had committed crimes in their own countries, and Englishmen who were not on the register at all might be allowed to practise unless it could be proved that they had taken money for their services. So much for the protection of the profession. The committee had actually recommended that seventeen universities or colleges, many of them having other bodies in connexion with them, should be included in the proposed schedule, so that the profession might be inundated with a horde of unwashed foreigners possessing no status in society, and whose habits of life were of a disgraceful character.

The PRESIDENT reminded Sir D. J. Corrigan that the proposal of the committee had not been adopted by the Council.

Sir D. J. CORRIGAN strongly objected to the manner in which it was proposed that the Bill should be brought forward. The Secretary of State for the Home Department had declined to have anything to do with it, and recommended the Council to put the Bill into the hands of some member of the House of Commons or the House of Lords. Was that a proper position for the Council—a public department of the State—to be placed in? And would it be a becoming thing for the President to go to the lobby of the House, hat in hand, to ask some member to take charge of the Bill? No doubt the promoters of the Bill would be met by a strong opposition from homœopaths and quacks; and when the Government was applied to by them, the Secretary of State for the Home Department would probably say, "I wrote to those gentlemen, saying that I would have nothing to do with the Bill; do as you like in the matter."

Dr. CHRISTISON said that there had been no proposition on the part of the Council to ask any private member to take charge of the Bill.

Sir D. J. CORRIGAN observed that he was referring to the proposal of the Secretary of State, who very coolly said to the Council, "Some member of the House of Lords or Commons, might be found by you, who would take charge of the Bill." Would the Council go on with the Bill after such a statement? In the course proposed by the Council he believed they were putting the cart before the horse. They stated as their reason for the course they were about to pursue that qualified practitioners required to be protected from unqualified or ignorant men. If he (Sir D. J. Corrigan) was a member of the House of Commons, he should certainly be disposed to laugh at such a statement, and to refer to the report of the Navy Board in the years 1865 and 1866 respecting the gross ignorance of the candidates sent forth from the licensing bodies represented at the Council. What would any sensible member of Parliament say on reading such a statement? That the registered practitioners were as bad as the unregistered; and that, if people were to be poisoned, it made very little difference whether the person who treated them was on the register or not. The first proposition on the part of the Council ought to be to obtain power to enforce such rules as that no ignorant and unqualified man could be let loose upon society by the licensing bodies. There was no chance of their getting further protection until some steps were taken to provide that none but properly educated men entered the profession. If the Council applied for a Royal Commission, they would set themselves right with the Legislature and the public. But if they went forward with the present wretched Bill, it would be thrown out, or would be "amended" in such a way as to leave the profession and the public worse off than before. The Bill made no provision for distinguishing the different classes of medical men on the register, as was done in France; but it perpetuated the evil of permitting all men to be pulled down to the same level. None of the licensing bodies had as yet complied with the regulations of the Council but by accident, and some of them had distinctly declared that they thought it inexpedient to comply with those recommendations. The body which he represented was as bad as the others in that respect, and he had no desire to defend it. The speaker then read a long extract from a pamphlet by Dr. Stokes on the subject of the preliminary education of medical men, pointing out the insufficiency of the licensing bodies—the result, as Sir D. J. Corrigan contended, of the competition among the different bodies for the profits arising from the fees of the candidates. He believed that the Medical Council had no power to enforce its recommendations, and if it had, it had not employed it. The Council could not point to a single instance in which it had attempted to exercise any power of that description, and

it would certainly be contended in Parliament that they did not care a straw for the public or the education of the profession generally. Sir Dominic then read extracts from the reports of the Navy Board, and contended that the Council could not go to the House of Commons to ask for protection in the face of those documents. The Council was in a dilemma; but by applying for a Royal Commission they would show that they were desirous of doing justice, concealing nothing, and only anxious for an inquiry as to whether the existing defects were attributable to the Acts of Parliament or to themselves. If they continued in their present course, a contingency might arise that would come upon some of the licensing bodies like a thunder-bolt. The Poor-law Commissioners might follow the example of the Army and Navy, and carry out the power they possessed of establishing, *ex mero motu*, examining bodies of their own. He should not be surprised to see issued any day an order to that effect, stating that the Poor-law authorities did not feel themselves justified in entrusting the care of the poor to the men sent forth by the licensing bodies.

Mr. RUMSEY said that if, in seconding the motion, he uttered anything disagreeable to the Council or to the licensing bodies he hoped to be excused on the ground of the great gravity of the question. He did not support the amendment on the same grounds as those advanced by Sir D. J. Corrigan. While he supported the amendment, he was ready to accede to the course proposed by the Council, not because he thought it was the best way of settling the question, but because he thought it would be a useful and valuable alternative in the event of the amendment being defeated. It was impossible to ignore the dissatisfaction existing in the profession at large as to the result of the legislation of 1858, the working of the Medical Acts, and the present state of medical law. The dissatisfaction to which he alluded was not that of unthinking persons, but of highly educated and accomplished minds. And he would read to the Council a few letters on the subject from a distinguished member of the profession to another distinguished member, without, however, giving any names.

The PRESIDENT said that more weight would be attached to the observations if the name of the writer was given.

Mr. RUMSEY said he was not in a position to give the name. The writer said: "I only share in a common opinion that if the Medical Council were to adjourn its sittings for a very long period, the loss to the profession would be extremely small."

Dr. ANDREW WOOD: You should mention your authority.

Dr. CHRISTISON: I do not think we are called upon to hear anonymous insults offered to this Board.

The PRESIDENT said Mr. Rumsey was entitled to quote anything he pleased; but the Council would be better able to judge of the value of the observations if it knew from whom they proceeded.

Sir D. J. CORRIGAN said that he had been permitted to read quotations from anonymous pamphlets.

Mr. SYME said that those quotations were not of an insulting character.

Sir D. J. CORRIGAN suggested that Mr. Rumsey should give the name of the writer, in private, to Dr. Andrew Wood; and if Dr. Andrew Wood was insulted, the gentlemen might settle the matter between themselves. (Laughter.)

Mr. RUMSEY said he did not endorse the opinions which he had quoted. He admitted that the demands of a large portion of the profession were, to some extent, unreasonable, but that was no reason why the grounds of their complaints should not be fairly considered. He also admitted that no legislation could establish all the so-called rights, and abolish all the so-called wrongs, of the profession; but the question was, whether all had been done that might have been effected under a better law, or which might, perhaps, be effected under the amended Bill. He wished to refer to certain facts in the Act of 1858 which were not touched by the amended Bill before the Council. In the first place, the preamble was not repeated—a preamble which was most objectionable, unsatisfactory, and partial; for the register, under the Act of 1858, was unquestionably a very imperfect means of distinguishing qualified practitioners, and were it even more so than it was, it was by no means the sole, or even the main, object of medical legislation. The register, as proposed to be amended, would still be so framed as to confound all degrees and qualifications in one dead level. It did away with the necessity of full and complete qualifications for high and important duties of a public and official character, and thus encouraged administrative bodies to be content with a lower standard of qualification than they might otherwise have thought it right to demand. With regard to education, probably as much had been done by the Council as was possible in the present conflict of opinion, and in the absence of compulsory powers. He was, indeed, surprised that so much had been accomplished. Nor was he one who would ask for compulsory powers. He thought it most fortunate that the Council, in its present constitution, did not possess such powers. With reference to the Pharmacopœia, he hoped the Council would render a good account of the work next year, but it should be remembered that the bulk of the labour devoted to it had been bestowed by persons out of the Council, in the intervals of the various sessions. He would now draw attention to some questions of great moment, which might properly come before a Royal Commission. One of those questions was whether the machinery constituted by the Act was the best that could be devised to attain the desired objects—whether it was the most suited to meet the rational and moderate wishes of the profession and the obvious needs of the public—whether so peculiar a combination of representative and executive functions had been a successful experiment. He admitted as fully as any member of the Council the importance of full representation in a deliberative body; but just in proportion to the perfection of all the interests, professional and educational, was the unfitness of the body for ministerial and administrative duties. This was not seen by those who clamoured for medical reform before 1858: they thought that Parliament would not only constitute a representative Council, but would invest it with large summary and administrative powers. Parliament, however, did no such thing, and never would do so. If the representation of the profession was improved as it might be in the Council, so that the practising physicians and surgeons were as thoroughly represented as the licensing bodies, the Council, however perfect it might be for deliberative purposes, would be more remarkably unfitted for the execution of the measures resulting from its deliberations; and, on the other hand, were the executive powers of the Council strengthened by Parliament, it would probably be on condition that its representative constitution should be modified. There might, perhaps, be two bodies—one a large consultative, and the other a small executive body. Another question which might come before the Royal Commission would be, whether the Medical Council, so constituted, including representatives from the three divisions of the kingdom, could, or ought to be expected to, settle in a mandatory way all details of registration and education on precisely the same principles, and by the same methods and details, for the whole kingdom. There were long-existing and firmly established differences in medical education and practice in the three kingdoms—differences which depended greatly on national character, and which were in some respects perfectly irreconcilable. There was a great difficulty in smoothing down angularities, so as to obtain a surface uniformity, and he did not know that such a uniformity was desirable, because if it were carried out it would be unreal. It was far better that each Branch Council should regulate independently the medical education of its own members, the registration of its students, the order and even the curriculum of study, at its own discretion, and in conformity with national habits and characteristics, provided that there was a sufficient standard of qualification and a reciprocity of privilege. By such an arrangement he believed that the duties and the cost of the General Council would be greatly diminished. A few questions would always remain of imperial bearing, which could be referred to a short sitting of the whole Council; or the Royal Commission might recommend that such matters, being of an executive or ministerial character, should be referred to a small body directly responsible to the Government. To such a body would more fitly belong the framing of medical laws—what Mr. John Stuart Mill called the "legislactive function;" whilst the deliberative, approving, and vetoing powers would still belong to the large representative body or bodies into which the Council might resolve itself or be transformed. These were not simply his own views, but views that were entertained by many persons of great political wisdom and experience, and they ought not to be tabooed by the Council.

Mr. HARGRAVE (who rose amid cries of "Vote, vote!") said he was astonished beyond measure at the tenour of Sir D. J. Corrigan's motion. In bringing it forward the mover had utterly ignored the Medical Bill and its workings. A Royal Commission was not required, and it would never be granted. The Council had ample power to work out its own regeneration. Sir D. J. Corrigan had referred, for the third or fourth time, to the report of the Navy Board, which he (Mr. Hargrave) maintained was not a fair criterion of the attainments of medical students. It was well known that no young man of gentle birth and good education would go into the navy, and

submit to be snubbed by the officers, who, if not tyrannical, were certainly overbearing. There would be dross in every society or institution, and no doubt amongst medical men. There were some who were ignorant of Latin and Greek, and even of English, and such were the men who were likely to enter the navy, which was rapidly reverting to the state of things existing in the time of "Roderick Random." (Laughter.) He maintained that the Medical Bill had produced a decided improvement in the education of medical students in Ireland. But the great obstructor of the Bill was Sir D. J. Corrigan himself. At the last meeting of the Council it was proposed that the Branch Councils should send visitors to the examinations of the licensing bodies, and he (Mr. Hargrave) was opposed to the adoption of that course. In the autumn a similar proposal was brought forward at a meeting of the Irish Branch Council. He again opposed it, but having slept upon the matter, he voted in favour of the proposition at the meeting held on the following day. Sir D. J. Corrigan opposed it to the very last, and refused to visit any examination. (Hear.) He (Mr. Hargrave) visited the examination at the University of Dublin last year, and he was extremely pleased with the manner in which it was conducted. To his certain knowledge the Bill had done a good deal in improving the education of students. (Hear, and cries of "Vote.")

Dr. ACLAND said that when a member of the Council seriously made such a proposition as had been brought forward by Sir D. Corrigan, he thought it would be unseemly to hurry it over. That would be the last weapon which he (Dr. Acland) would be willing to place in the hands of Sir D. Corrigan. It was true, as had been remarked, that the Council had been seven days in discussion; but he would ask the Council whether a considerable amount of that discussion had not been occasioned by Sir D. Corrigan himself; and he would put it to the practical sense of the members whether they might not have been spared a great portion of the discussion of the last two or three days if the mover of the amendment had had the straightforwardness to inform them beforehand of his intention, after so long a deliberation, to pull them up short when there was scarcely time for a reply. (Hear.) He was sorry to find himself at variance with those who thought it better to take no notice of what Sir D. Corrigan had advanced. He did not desire to enter into the subject in any minute detail; but there were two or three things that he wished to say. He had always felt (and the Council would forgive him for frankly expressing his opinion) that the constitution of that body was one which it was exceedingly difficult and, in an executive point of view, almost impossible to work. But the Council did not make that constitution, and the question for the members to consider was whether each of them according to his capacity did his best to make it work well. That was a matter within their own breasts; and he had no doubt, from the sincere regard that he entertained for the personal characters of the members of the Council as a body, that they could all answer the question satisfactorily to their own consciences. With regard to the statements that had been bandied about respecting the "battle of the shops," and the determination to advocate their own particular interests, he would simply deny such assertions. If there was one thing by which he (Dr. Acland) would forfeit the confidence of his friends in Oxford, it would be by an advocacy on his part of any particular interest supposed to be connected with the body which he was understood to represent. He had no doubt the same might be said with regard to the other members of the Council, and it was insulting to them as Englishmen to declare that they were actuated by feelings of self-interest. He repeated, the Council did not make its own constitution, and all they could do was to make it work as well as possible. He had no objection to a Royal Commission, and he had not the slightest objection to answer any questions that might be put by that or any other body respecting the working of the Council; and if such a Commission were appointed, he, for one, would heartily welcome it. But whether the Council should make an application of the kind mentioned by Sir D. Corrigan was another question. (Hear.) It was very unjust to use *ex post facto* knowledge as though they possessed it beforehand, and no acute man, who was also a fair man, would adopt such a course. It was necessary that the Council should be representative in its constitution, and there were a great many troublesome things that were also necessary in England. Their duty was, however, to meet all the difficulties that might present themselves in the best possible spirit. There were two things which he thought almost fatal to the satisfactory working of the Council, and which would have prevented his remaining on that body but for the personal regard that he entertained for his colleagues, and the feeling that his withdrawal would only result in the appointment of another representative in his place. The two points to which he referred were the introduction of reporters, and the doing away with the standing committees. He thought it was essential for the freedom of debate that they should deliberate amongst themselves. There were, no doubt, advantages in a public deliberation; but to make public a body of that description, of a deliberative and executive character, was to render it all but unworkable. There were many matters of detail to be settled which could not be decided at the general meeting of the Council in a few days, and which could only be carried out by the committee meeting quietly together and preparing elaborate reports for the consideration of the Council on the various points brought before them. Matters of that kind were in their own hands, and they wanted no Royal Commission for the purpose of taking them into consideration. Sir Dominic Corrigan at first said that the Council had no powers, and then that they did not exercise their powers. He was fully alive to the fact that the Council had not done its work in the quickest manner, but nevertheless it had accomplished a great deal; and when it was asserted that it had done nothing, everyone knew that that was not the case. The registration had been completed; the Pharmacopœia would shortly be ready; and an immense deal had been done for education: and it was only throwing dust in the eyes of the public, who were not able to judge, to make such assertions as those which had been advanced by the mover of the amendment. Would Sir Dominic Corrigan undertake to say that no improvement had taken place in regard to the general practitioners in the country, and the habits and attainments of medical students? Was it possible that all the desired alterations could be accomplished in a moment? In the very nature of things, a certain number of men would come up for examination unprepared; but could that be said to be the fault of the Medical Council? The circumstance was to be deplored, but he defied Sir Dominic Corrigan or any other person to charge the members of the Council with being more indifferent in the matter than himself. They might not have such loud voices, but they felt quite as strongly. (Hear, hear.) Was it true that there was no improvement in education? (No.) Was it true that there was a single corporation or university in Great Britain and Ireland that was not endeavouring (to use Mr. Syme's phrase) to meet the "moral suasion" of the Council? He believed that the assertions that had been made were simply untrue. If there was a body that was not doing its best to correct abuses and improve its education, would Sir Dominic Corrigan point it out, and let the representative of that body meet the charge? He would not say that it was cruel or unkind, but it was obviously *unjust*, to make statements respecting those bodies which were not strictly accurate. He believed that since the passing of the Act there had been a sincere desire manifested on the part of the different bodies to improve the professional and non-professional education of their students. No doubt there were difficulties in the way. In Oxford, for instance, he had found some difficulty in introducing physical science; but would anyone say, because things were not perfect in that University, that they had not been trying to introduce amendments? A great deal had been accomplished there, and he believed the same might be said of other universities. It was enough to excite one's indignation to hear them spoken of in the manner adopted by Sir Dominic Corrigan. He did not think it was the place of the Council to ask for any Royal Commission; but if such a commission were appointed, and could in any way remedy their defects and remove their difficulties, by all means let them accept it. He thought the best step for the Council to take would be, to appoint a committee to consider and report upon the best way to sift and arrange the business of the Council during the intervals between one session and another. He believed that there had been a great practical administrative blot on their proceedings. It was necessary, under the circumstances, that they should come together with a great many jealousies and suspicions; but would Sir Dominic Corrigan say that it had not been a great advantage to all the members of the Council, himself included, to meet and deliberate around that table? He appealed to any member of the Council whether, but for the necessary publicity in which the proceedings were now carried on, their body was not working as harmoniously and as happily for the public good as any body possibly could do, constituted in so heterogeneous a manner. He admired the energy and ability of Sir Dominic Corrigan; and he trusted that if he failed to obtain his Royal Commission, he would use his great powers in conjunction with other members of the Council in calmly considering their real position,

and loyally endeavouring, under existing difficulties, to work the machinery they possess. (Hear, hear.)

Dr. STOKES said he could not give a silent vote on the subject before the Council. He positively declared from the experience he had obtained in connexion with the University of Dublin and the Royal College of Surgeons in Ireland, that nothing was more remarkable than the great advance in the mental training of medical students in Ireland from the very first year when the question of education was agitated in the Council (hear); and he believed that many persons well qualified to judge shared in that conviction. And how had that improvement been effected? Certainly not by coercive regulations. He did not wish it to go forth to the public without contradiction that they were to take the standard of candidates rejected by the Navy Board as an indication of the general class of medical students throughout the country. As Mr. Hargrave had already stated, there had been for some years, from whatever causes, an indisposition amongst the better class of students to enter the public service. That was certainly the case with reference to the army, and still more so with regard to the navy. The result was that the sweepings of the class of medical students presented themselves for examination before those boards, and no doubt amongst them there were many candidates who knew nothing of Latin, and very little of English. The improvement which had been effected was due entirely to the action of "moral suasion." He believed that almost every educational body in the country was earnestly working to effect the desired improvement. His (Dr. Stokes's) report with reference to the Royal College of Surgeons of Ireland was before the Council. He had no hesitation in saying that seven years ago the class of young men presenting themselves at the examination could no more have answered the questions submitted to them at the last examination than they could have flown into the air. Of the fifteen young men who were examined, four were rejected. Those who passed were young men of high standing in the University, and several of them possessed considerable attainments in both Greek and Latin.

Mr. SYME said that when the Medical Council first endeavoured to enforce its regulations for the improvement of education, it was pointed out to them that they had no power to do so. The opinion of counsel was taken upon the subject, and that opinion was that the Council possessed no such power. Everything that had been accomplished since that time in the way of improvement had been done voluntarily. In the University of Edinburgh efforts had been made from time to time to make preliminary education imperative; and at last the Queen in Council had given her sanction to an order to that effect.

Sir D. J. CORRIGAN said he was glad to hear Mr. Syme's statement with reference to the University of Edinburgh, but the Council had no security that any other body would follow its example. So long as there was a single door open to enable an ignorant person to enter the profession, numbers of unqualified persons would be found to avail themselves of it. He did not agree with the statement of Dr. Stokes that the sweepings of the profession entered the Royal Navy. Many of his own friends were in that service, and he believed they were a credit to the profession. He presumed that the statement of Dr. Stokes with reference to the improvement of education in Ireland referred to the examination at which he himself was present. In opposition to the opinions of Dr. Stokes and Mr. Hargrave, he would again refer to the report of the Navy Board, which stated, amongst other things, that of six licentiates of the Royal College of Surgeons who presented themselves for examination, four were rejected. The first was declared to be "deficient in anatomy, surgery, and Latin; manuscript indifferent." The second, "rejected; utterly ignorant of Latin; manuscript bad." Of the third a similar report was presented; and the fourth was declared to be "deficient in chemistry, materia medica, midwifery, and botany." Dr. Acland had characterized his (Sir D. J. Corrigan's) statement as untrue and unjust. He had certainly never seen Dr. Acland in a passion before. Whether his statements were untrue or not was a matter for the judgment of the Council. Dr. Acland, however, had accused him of a want of straightforwardness because he did not tell the Council weeks ago what he was going to do. He considered that to be an unjustifiable personal attack, and he appealed to the President to know whether he had acted with any irregularity. Dr. Acland concluded his speech by referring to the efforts made at Oxford, and indulging in a considerable amount of self-laudation; and the whole tenour of the speech called to his mind a German fable that concluded with these lines:—

"'Well, then, I protest, if they give me no praise,
I'll trumpet myself to the end of my days.'
So saying, away to the forest he flew,
And ever since then has been crying 'Cuckoo.'"

Dr. ANDREW WOOD said, if Dr. Acland was mad or in a passion, there was great "method in his madness." He had expressed his regret that reporters had been introduced into the Council. He (Dr. Wood), for one, rejoiced that they were present to take down a speech as manly and eloquent as any that had ever been delivered at that Board. He rejoiced that Dr. Acland, speaking what he believed to be the feeling of the great majority of the Council, had repelled the charges brought against it by Sir D. J. Corrigan.

Sir D. J. CORRIGAN: I did not make any charges; but I do not care what you say.

Dr. ANDREW WOOD said Sir D. J. Corrigan might not care what he (Dr. Wood) said, but he should remember that the members of the Council had feelings which were sometimes touched by accusations such as had been brought against them. He was greatly surprised that a man of Sir D. Corrigan's eminence should adopt the course which he had pursued on the present occasion. Having been challenged by Sir D. Corrigan he felt bound to take up the gauntlet, and to say,

"Lay on, Macduff,
And damn'd be he who first cries, 'Hold, enough.'"

Sir D. Corrigan's amendment was then put to the vote, and the numbers were—For, 3; against, 18.

The motion for the adoption of the report was then put and agreed to.

It was then resolved that a statement, prepared by Mr. Ouvry, setting forth the reasons of the Council for the suggested alterations in the draft Bill should be sent to the Home Office.

Dr. EMBLETON brought up the following report of the committee on the working of the system of registration of medical students adopted by the Medical General Council last year:—

REPORT.

1. The committee, having taken into consideration the working of the system of registration of students of last session, find that in each division of the kingdom there has been a certain number of students unregistered, in consequence of the difficulty of making the new regulations sufficiently understood by the students and their friends, and by the authorities of the several universities, schools, and hospitals; but they believe that this difficulty is likely to be materially lessened in future years, and they recommend that the Council should leave the several Branch Councils to make such exceptions in reference to the current year as may seem to them advisable, enforcing the regulations strictly for the future.

2. The committee have also considered "the cases of students admitted to registration who have not passed the examination in arts, or only a portion of such examination," and they find that in certain schools several students have been allowed to commence their medical education before having passed a preliminary examination in arts; but they do not find that any student has actually been registered before having passed the preliminary examination.

The committee strongly disapprove of the above irregularity on the part of schools, and recommend that in future the whole of the preliminary examination should be required to be passed at one time, and *that* before either registration be allowed or medical education be commenced; and this recommendation, from the assurances they have received, they believe will now be literally complied with.

With respect to the students concerned, the committee see no other course open to them than that of advising the Council that, under the circumstances named, they should be left to the favourable consideration of the Branch Councils; for they consider that it would be hard that, in the first year of a new system of registration, students should suffer through the irregularities above referred to.

3. The committee have also paid attention to the "letter from Dr. Steele, Registrar of the Branch Council for Ireland, with an application from a student to be registered;" and recommend that, as the registration of medical students has been placed under the charge of the Branch Registrars, the decision in this case be left to the Branch Council for Ireland.

4. The committee have carefully gone over the whole of the regulations respecting the registration of students, as laid down by the Council during the last session, have remodelled them in accordance with existing circumstances, and beg leave to submit them in the following form for the approval of the Council, believing as they do that, having been made more

simple and clear, the new Regulations will be found well adapted to secure for the future a correct register of medical students.

Here follows form for registration, &c.

On the motion of Dr. EMBLETON, seconded by Dr. A. SMITH, it was resolved,—"That a committee be appointed to report on the returns from the licensing bodies in compliance with Recommendation No. 6, Sect. 5, of the Recommendations of the General Medical Council of 1865, and the register of students for the past year."

The committee to consist of Dr. Embleton, (Chairman), Mr. Cooper, Dr. Thomson, Dr. Leet, Dr. Apjohn, and Dr. Stokes.

On the motion of Dr. EMBLETON, seconded by Dr. THOMSON, it was resolved,—"That a committee be appointed to revise the standing orders."

The committee to consist of Dr. Embleton (Chairman), Dr. Thomson, and Mr. Hargrave.

Dr. EMBLETON moved,—"That the Recommendations of the General Medical Council on the subjects of preliminary examination, of registration of medical students, and of professional education and examination, be referred to a committee for re-arrangement." Dr. Embleton (Chairman), Dr. A. Smith, Dr. Thomson.

Dr. THOMSON seconded the motion, which was unanimously adopted.

The Council then adjourned.

FRIDAY, MAY 25TH.

The consideration of the report of the Committee on Education was resumed.

Dr. STOKES proposed that natural philosophy be adopted as one of the optional subjects.

Dr. ACLAND proposed as an amendment, "That the four optional subjects be divided into two sections—Greek and Physics, French and German, and that every candidate should be required to choose one subject in each section. He said he quite agreed that natural philosophy should form a part of the education of the medical student, and that if it was included in the optional list, it should be understood that whatever branch of the subject was taken up, it must be thoroughly worked out by the student. He thought that it would be advisable to give some detailed explanation to the teachers and the students as to what would be required.

Mr. SYME thought that natural philosophy should be made compulsory at some period of the education of the student, but he did not think it would be advisable to lay down too precise or strict regulations as to the requirements of the Council.

Dr. STORRAR said the committee was of opinion that it would be very inconvenient to specify in any detail the subjects in natural philosophy in which the Council desired the student to be examined, thinking it better to leave the amount of examination in those subjects to the examining boards. The probability was, that the universities would display a greater amount of wisdom in regard to that matter than the Council could bring to bear upon the subject in the short time at its disposal. He did not differ from Mr. Syme as to the necessity of imparting a knowledge of natural philosophy to every medical student at some period of his education, but the question was whether it should form part of the preliminary or of the medical education, or come between the two. What the committee at present contemplated was the school education of the candidates. Some lad coming fresh from school would find it very difficult to pass a satisfactory preliminary examination in natural philosophy, and it would be better to give them the option of undergoing an examination in Greek than lay down any regulation which would induce them to neglect that language for natural philosophy. By putting the two subjects in the same section as proposed by Dr. Acland, they would be inviting a certain number of candidates to take up natural philosophy instead of Greek—a result which he should very much regret. He thought that the several medical bodies who attached importance to natural philosophy (as he hoped they all did) should require it as one of the subjects of examination, preliminary or professional. He was in favour of the recommendation of the committee as it stood.

Dr. CHRISTISON said that there was a constant cry throughout the profession, in which the Council had frequently joined, that there were already too many subjects included in the professional education, and it was now proposed to add another which would occupy a considerable portion of the student's time. He did not entirely agree with those gentlemen who objected to natural philosophy being studied at an early period. He thought the subject might be left in the optional list, giving the student, however, the option of taking it up during his professional studies. He seriously objected to removing from the preliminary education all notice of a subject so important for the understanding of the first elements of professional education—anatomy and physiology. It was desirable that those who had the opportunity of studying those subjects early should do so; but as they could not be studied without an able lecturer and ample apparatus, which could not be provided in all the schools throughout the country, the student should have the option of taking up the subjects at a later period. He did not think it was impossible for boys at an early age to acquire a considerable amount of knowledge in natural philosophy. In the Scotch universities the students at the age of sixteen or seventeen often displayed considerable knowledge of physics.

Dr. ANDREW WOOD said that in the University of Edinburgh, of twenty-seven students who were examined in natural philosophy, twenty-three were passed, and only four rejected. This result was not due to an easy examination. He had seen the papers, and had read the answers that were given, which were generally of a very satisfactory character. Many of those who passed in natural philosophy were students of not more than seventeen years of age.

Mr. SYME said it was the duty of the Council to indicate to the profession and the public the subjects of study which they deemed essential; but it would be useless to issue any very precise regulations, which in all probability the licensing bodies would not comply with. Even the College of Surgeons had declined to comply with the recommendations of the Council with regard to preliminary education.

Mr. CÆSAR HAWKINS said that before those regulations were issued by the Council the College of Surgeons had framed regulations of its own, and it would have been unfair to the students who had commenced their education to alter them at that time. It could not be expected that the students in all the schools would be able to take up the subject of natural philosophy as a part of their preliminary education. If it was made a compulsory subject, the student should have an option as to the time at which he would take it up.

Mr. Syme withdrew his proposal.

Dr. SHARPEY suggested that the regulations issued by the Council might contain a note indicating that, if the student did not pass in natural philosophy at the preliminary examination, he would be required to take it up as part of his medical education.

Dr. ACLAND proposed his motion for the division of optional subjects into two sections, the students being required to take one subject in each section; with the understanding that if natural philosophy was not taken up at the arts' examination, it should be required at a later period of study.

Dr. ALDERSON thought they could not expect that natural philosophy would be satisfactorily taught in the schools throughout the country. He would rather see the students altogether unacquainted with natural philosophy when they entered upon their professional education than that they should come up with the miserable amount of knowledge which they would be likely to acquire at the schools.

Dr. ACLAND'S amendment, not having been seconded, fell to the ground, and the original motion was put and agreed to.

Dr. STOKES moved the adoption of the following recommendation:—"The committee recommend that certificates of proficiency be received from all bodies legally authorised to examine in general education in Great Britain and Ireland, and from the several licensing bodies enumerated in Schedule A of the Medical Act in Great Britain and Ireland, which bear evidence that the candidates have been examined and approved in the above subjects. In the case of certificates received from similar educational and licensing bodies in other parts of the empire and foreign countries, satisfactory evidence must be given to the Medical Council (or Branch Councils) that such certificates are equivalent to those recognised in the United Kingdom."

Dr. STORRAR seconded the motion.

Mr. CÆSAR HAWKINS asked the meaning of the expression "legally authorised." If the education was to be left to the licensing bodies, the Council ought to have some mode of supervising the different curricula. Mr. Hawkins explained the course taken by the College of Surgeons in reference to its reception of the certificates given by the Queen's College at Belfast, and stated that other bodies had made similar applications to the College for recognition, and that the applications had been granted in those cases where the standard of education was considered to be satisfactory.

Sir D. J. CORRIGAN said that the certificate of the Belfast

College was refused by the body with which he was connected, who declined to register any student unless he produced a certificate from some examining body recognised by the Council.

Dr. CHRISTISON considered that the College of Surgeons was perfectly entitled to recognise other bodies than those admitted into the list of the General Council.

Dr. STORRAR said that up to the present time the Council had recognised seventeen bodies which were legally qualified to examine. He wished the Council to observe the difference between "legally qualified to examine," and "legally qualified to educate." The University of London was a chartered educational body, but it had no legal authority to examine; and King's College was in the same position. Trinity College, Cambridge, was legally qualified to educate, but the examining body was the University. Hitherto they had been careful not to recognise the examination of any body not constituted by charter and empowered to examine. A few years ago the Catholic College in Dublin applied to have its examination recognised, but the Council declined, because that College had no charter to educate or examine. The College of Belfast was competent to educate, but it had no authority to issue a public testimonial stating that certain persons had been examined; and he considered that the College of Surgeons had been imposed upon in reference to the certificates of that body. The great object of the expression adopted by the committee was to secure that there should be a legal constitution pertaining to the body issuing certificates of examination; otherwise they might have half a dozen schoolmasters clubbing together and constituting themselves an association for the purpose of giving testimonials of education—a course which it would be impossible for the Council to recognise.

Dr. ANDREW WOOD said he was not prepared to adopt the recommendation of the committee as it stood. Some list of the bodies to be recognised should be presented to the Council, and complete provision should be made for inspection and supervision. He was quite sure that the Council was not prepared to hand over the education of medical students to all kinds of institutions that had the name of chartered educational bodies. He could state from experience that the examinations of some of those bodies were greatly inferior to those of the licensing bodies.

Dr. SHARPEY agreed with Dr. Andrew Wood that a schedule ought to be prepared.

Dr. EMBLETON proposed—"That it be delegated to the Executive Committee to prepare annually, and lay before the Council for recognition, a list of examining bodies whose examinations shall fulfil the conditions of the Medical Council as regards preliminary education."

Mr. CÆSAR HAWKINS said it was impossible that anything of the kind could be done this session, because the examinations of the different bodies proposed to be included would have to be carefully investigated.

Dr. PAGET said that the Council could not desire to enforce the regulations immediately; otherwise they would have a retrospective effect upon those who were now preparing for particular examinations. He suggested that the regulations might come into force in 1867 or 1868.

Dr. CHRISTISON said that the Council ought to have the right to inspect the examinations of all the bodies whose certificates it recognised.

Dr. Embleton's proposal was put to the Council and adopted.

Dr. STOKES moved the adoption of the next paragraph of the committee's report. "In the case of certificates received from similar educational and licensing bodies in other parts of the empire and foreign countries, satisfactory evidence shall be given to the Medical Council (or Branch Councils) that such certificates are equivalent to those recognised in the United Kingdom."

The motion was unanimously agreed to.

The following paragraph of the committee's report was also adopted:—"That the regulations of the General Medical Council as to preliminary education adopted during the present session shall not come into operation till October, 1868; and that in the meantime the previous regulations shall remain in force."

Dr. STOKES proposed the adoption of the following paragraph:—"The Education Committee, having considered the letter and resolution of the Irish Medical Association forwarded by Dr. Mackesy and referred to them, recommend that the resolution be entered on the Minutes. The committee further recommend the forwarding this resolution of the Council to Dr. Mackesy."

Dr. STORRAR seconded the motion.

Dr. ANDREW WOOD said that when a resolution passed by the Irish medical gentlemen was read to the Council it appeared to him that they would be stultifying themselves to put upon their Minutes a resolution so thoroughly condemnatory of the Medical Council; and he thought it was desirable that it should be sent to a committee, in order that they might take into consideration whether the resolution should be entered upon the Minutes or not.

Dr. STORRAR thought it desirable that the resolution should appear in the report, so that the Council might know what they were discussing. He would, therefore, request that the resolution be read by the registrar.

The resolution having been read,

Dr. ANDREW WOOD moved the previous question. The allusion which was made in the resolution to the expenses of the Council appeared to him to be an insult to that body, and he could not consent to the insertion of such a resolution upon their Minutes without a single word of remonstrance or explanation on the part of the committee.

Dr. PARKES seconded the amendment.

Dr. STOKES thought that a resolution of so important a character ought not to be set aside in the way proposed by Dr. Andrew Wood. The committee recommended that the resolution should be entered on the Minutes without comment, believing that course would be most consonant with the dignity of the Council.

After some further discussion Dr. ALDERSON suggested that the following should be passed by the Council:—"That, while agreeing to the suggestion of the committee that the resolution forwarded by Dr. Mackesy be put upon the Minutes, the Council is of opinion that the resolution proceeds on a mistaken notion of the duties of the Council, and of the course of procedure which they have adopted."

The PRESIDENT said there was one amendment before the Council, and he could not receive another until that was disposed of.

Dr. EMBLETON thought they ought not to give any offence to associations who were kind enough to send their views to the Council.

The "previous question" was then put, and the numbers were—for, 6; against, 13. The amendment was accordingly declared to be lost.

Dr. EMBLETON moved, as an amendment to the motion of Dr. Stokes, "That the concluding paragraph of the report be not adopted, but that the registrar be requested to acknowledge the receipt of Dr. Mackesy's letter, and the resolution of the Irish Medical Association, and to inform him that the subject of them had received the full consideration of the Council."

Dr. ALEX. WOOD seconded the amendment, which was carried by a majority of 13 to 7.

The amendment was also agreed to as a substantive motion.

Dr. STOKES moved the adoption of the Report on General Education as amended by the Council. He said it might appear to some that the list of subjects for examination was meagre, but they should remember it was better that students should know a few things well than a great many indifferently. He did not say there were not many important subjects omitted; they said nothing about logic, history, or mental philosophy, but that was because they desired to have a few things learnt well. He thought the Council had settled the question of Greek in a satisfactory manner. Whether the report was adopted by the Council or not, or whether the educational bodies would adopt the letter of it or not, or even act up to the spirit, it was his decided opinion that great benefit had resulted and would result from the discussion of the question in the Council.

Dr. STORRAR seconded the motion, which was agreed to.

Dr. CHRISTISON moved,—"That the report of the Pharmacopœia Committee be read and considered."

Dr. QUAIN seconded the motion.

Dr. AQUILLA SMITH wished to know how far the correction of the work had been proceeded with. On the Minutes of the Branch Council for England of March 2nd, 1866, he found that a letter was read from Dr. Farre, stating his reasons for resigning his appointment. He thought the Council ought to be made acquainted with those reasons. The last paragraph of the report seemed to intimate that the committee had not paid away any money. He thought they should have paid Dr. Redwood and Mr. Warington up to the meeting of the Council, in order that the accounts should be as complete as possible.

Dr. SHARPEY said the Pharmacopœia Committee had not had occasion to draw upon the fund placed at their disposal. The question of making advances to Dr. Redwood and Mr. Warington should be left to the discretion of the committee.

Dr. CHRISTISON said the Council might just as well pay the printer before he fulfilled his contract. By a resolution of the Council, the Pharmacopœia was open to the correction of the whole of the Council, and he could not tell what the corrections would be, or what delay they might occasion in the publication.

Dr. APJOHN addressed the Council on the subject of the Pharmacopœia, and referred to a memorial received from the Chemical Society, requesting the Council to exclude all chemical symbols from the Pharmacopœia. The committee, he said, agreed last year to admit the symbols, but on Monday last they resolved, by a majority, to exclude them. Before Dr. Apjohn had concluded his speech (which was very indistinctly heard), the debate was adjourned.

Sir D. J. CORRIGAN inquired why the memorial from the Chemical Society had not been laid before the Council.

The PRESIDENT said that copies of the memorial had been sent to the Pharmacopœia Committee, but the original had been mislaid.

The following returns of examinations from the Army Medical Department were received, and ordered to be entered on the Minutes:—

Statement of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who during the year 1865 have presented themselves for Examination, showing the number that passed, and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the heads of the several Licensing Bodies.

NAMES OF LICENSING BODIES.	Total Qualifications.	Number Passed.	Failed.	REMARKS.
Royal College of Physicians, London	1	1	...	
Royal College of Physicians, Edinburgh	28	12	16	
King and Queen's College of Physicians, Ireland	16	10	6	CANDIDATES.
Royal College of Surgeons, England	24	16	8	
Royal College of Surgeons, Edinburgh	13	11	2	Successful ... 56
Royal College of Surgeons, Ireland	38	21	17	Failed ... 33
Society of Apothecaries, London	12	10	2	
Apothecaries' Hall, Dublin	2	...	2	Total ... 89
Doctor of Medicine, University of Edinburgh	6	6	...	
Doctor of Medicine, Queen's University, Ireland	13	11	2	
Master of Surgery ditto	1	1	...	
Doctor of Medicine, University of Dublin	1	1	...	DIPLOMAS AND DEGREES.
Bachelor of Medicine ditto	6	2	4	
Master of Surgery ditto	6	2	4	Successful* ... 118
Licence in Medicine ditto	1	1	...	Failed ... 62
Doctor of Medicine, St. Andrews	1	1	...	
Doctor of Medicine, University of Aberdeen	1	1	...	Total ... 180
Bachelor of Medicine ditto	4	4	...	
Master of Surgery ditto	4	4	...	
Doctor of Medicine, University of Glasgow	2	1	1	* 4 candidates held three qualifications each.
Master of Surgery ditto	2	1	1	
Total	182	117	65	

J. M. GIBSON, *Director-General.*

The following Report of the Finance Committee was received, and ordered to be entered on the Minutes:—

REPORT.

The Finance Committee beg leave to present, in the table subjoined, a statement of the estimated and actual income and expenditure of the year 1865; also an estimate of the income from ordinary sources, and of the expenditure, as far as the Committee are able to judge, for the year 1866.

From the figures in the table it will appear that the actual income of the past year fell somewhat short of the estimate, but as, on the other hand, the actual expenditure is less than

	Estimated Income for the Year 1865.			*Actual Income for the Year 1865.*			*Estimated Income for the Year 1866.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Fees received by—									
Branch Council for England ...	2650 0 0			2287 10 0			2300 0 0		
,, ,, Scotland ...	750 0 0			591 0 0			600 0 0		
,, ,, Ireland ...	800 0 0			735 15 0			700 0 0		
		4200 0 0			3614 5 0			3600 0 0	
Dividends received by—									
Branch Council for England ...	610 0 0			616 17 6			620 0 0		
,, ,, Scotland ...	60 0 0			94 7 6			80 0 0		
,, ,, Ireland ...	66 0 0			76 12 9			70 0 0		
		736 0 0			787 17 9			770 0 0	
Sale of Registers	... ...	310 0 0		... ...	286 1 6		... ...	300 0 0	
		£5246 0 0			£4688 4 3			£4670 0 0	

	Estimated Expenditure for the Year 1865.			*Actual Expenditure for the Year 1865.*			*Estimated Expenditure for the Year 1866.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Expenses of—									
General Council	... ...	3700 0 0		... ...	3339 19 9		... ...	3200 0 0	
Branch Council for England ...	720 0 0			714 5 8			700 0 0		
,, ,, Scotland ...	280 0 0			270 11 2			280 0 0		
,, ,, Ireland ...	330 0 0			341 5 8			340 0 0		
		1330 0 0			1326 2 6			1320 0 0	
		5030 0 0		Total Expenditure	4666 2 3			4520 0 0	
Balance in favour of Medical Council		216 0 0		Total Income . .	4688 4 3		Balance in favour of Medical Council	150 0 0	
		£5246 0 0		Balance in favour of Medical Council	22 2 0			£4670 0 0	

what was estimated, there is a small balance in favour of the Council.

In reference to these estimates, the Committee have to observe that it is scarcely possible to judge of the prospective expenditure with any near approach to accuracy, inasmuch as the amount is greatly dependent on the duration of the sessions of the Council, which cannot, with certainty, be determined beforehand.

A statement of the receipts and disbursements on account of the British Pharmacopœia since the date of the account presented last year, and of the balance in the bank at the credit of the General Council, is given up to January, 1866.

W. SHARPEY, Chairman.

"BRITISH PHARMACOPŒIA."—STATEMENT.

From Jan. 5th, 1865, to Jan. 5th, 1866.

Charge.				*Discharge.*			
To balance due to the Council on account of publishing the British Pharmacopœia, Jan. 5, 1865	£723	0	7	By sale of 29 copies 8vo	£10	14	2
Paid for reporting on the progress of pharmacy:				,, 572 copies 32mo	118	16	0
Dr. Farre, to Oct. 1865	31	12	4		£129	10	2
Dr. Moore, to March, 1865	20	0	0				
Advertisments	10	6	6	Balance due to the Council on account of publishing the British Pharmacopœia	656	6	11
Carriage of parcels and booking	0	15	8				
Banker's commission...	0	2	0				
	£785	17	1		£785	17	1

CASH ACCOUNT.—"BRITISH PHARMACOPŒIA."

January 5th, 1866.

Receipts.				*Disbursements.*			
Balance in the Bank at credit of General Council, Jan. 5th, 1865	£1532	3	5	Reporting on pharmacy	£51	12	4
Sales of Pharmacopœia	129	10	2	Advertisements, &c.	11	4	2
					£62	16	6
				Balance in the Bank, Jan. 5th, 1866	1598	17	1
	£1661	13	7		£1661	13	7

NOTE.

The number sold of the 8vo edition is	12,866			The number sold of the 32mo edition is	4,602		
The number given to members of Council, Pharmacopœia Committee, Stationers' Hall, British Museum, &c....	62			The number given to members of Council, Pharmacopœia Committee, Stationers' Hall, British Museum, &c....	56		
	12,928				4,658		
Stock on hand	72			Stock on hand	10,342		
	13,000				15,000		

SATURDAY, MAY 26TH.

Sir D. J. CORRIGAN inquired whether it was Mr. Syme's intention to proceed with the vote of censure upon him which he had expressed his resolution of moving at a previous meeting.

Mr. SYME said that at the time he expressed that intention it was proposed to insert Sir D. J. Corrigan's letter on the Minutes; but, the letter not appearing, he had consulted the President and some other members of the Council, and the result was that he thought it unnecessary to proceed with his motion.

The PRESIDENT said that he hoped the Council would be satisfied with the statement made by Mr. Syme.

Sir D. J. CORRIGAN said he should have been satisfied but for the reason assigned by Mr. Syme—that the motion was withdrawn with the President's sanction.

The PRESIDENT: Not with my sanction. Mr. Syme certainly conferred with me.

Dr. ALEX. WOOD proposed that the Council should proceed with the order of the day.

Sir D. J. CORRIGAN said that Mr. Syme evidently shirked the question, and he (Sir D. J. Corrigan) dared him to bring it forward.

The PRESIDENT read a letter from Mr. OUVRY, stating that he had delivered the President's letter to Sir George Grey's private secretary, and impressed upon him the importance of an early appointment being made. He then stated that the subject for the consideration of the Council was the report of the Pharmacopœia Committee; and that the letter from the president of the Chemical Society to himself, as the president of the Medical Council, to which Dr. Apjohn yesterday adverted, and of which he read a copy (the original having been lost), had been since found; and as it was an important document which ought to be brought to the consideration of the Council, he would request the Registrar to read it.

The letter was as follows:—

To the President of the General Council of Medical Education and Registration.

Burlington House, March 19th, 1866.

SIR,—The President and Council of the Chemical Society venture to call the attention of the Medical Council to the system of chemical notation adopted in the British Pharmacopœia; and as they are informed that a new edition of that Pharmacopœia is in course of preparation, they entertain a hope that it may not be an inopportune moment to urge upon the Medical Council the desirableness of considering whether, in the forthcoming edition of the work, the use of chemical symbols could not be advantageously dispensed with altogether. In the few cases which may seem specially to call for the use of such formulæ, a per-centage representation of the composition of the body would, it appears, supply all the necessary data.

The grounds on which the President and Council of the Chemical Society have been induced to suggest this course are these:—

The system of notation at present adopted in the British Pharmacopœia is constructed in conformity with views which are rapidly disappearing from chemical teaching in this country.

The Pharmacopœia is necessarily the text-book on which the examinations of students of medicine and pharmacy in pharmaceutical chemistry are based. It appears, therefore, extremely desirable that no work shall be put forth on official authority, such as that of the Medical Council, which shall be at variance with the views propounded by many of the most active experimental leaders and principal teachers of chemical science; or which shall oblige the teacher to adopt a double numerical system in his exposition of the facts of chemical science to his pupils—a course which is always a source of embarrassment both to professor and learner.

It is obvious that the adoption of a plan such as the one now suggested does not necessitate any expression of opinion on the

part of the Medical Council upon a subject which is still under discussion. At the same time, it will relieve the Council from the inconvenience of appearing pledged to the maintenance of doctrines which are no longer believed to be correct by many of the most competent to form an opinion on the subject.

The President and Council of the Chemical Society trust that the importance of the subject will sufficiently explain their anxiety to bring this matter under the consideration of the Medical Council.

WM. ALLEN MILLER,
President of the Chemical Society.

To Dr. Burrows.

Dr. STORRAR moved,—"That as soon as the proof of the new edition of the Pharmacopœia is ready, a copy of it be sent to each member of the Council, with instructions that he will, within one month, return it to the secretary of the Pharmacopœia Committee, with such observations as he shall see fit to make thereon, to be submitted to the Pharmacopœia Committee; and that the Pharmacopœia Committee shall, after due consideration of such observations, hand over the proof, when finally approved, to the Executive Committee for publication."

Dr. ALDERSON seconded the motion, which was agreed to.

Dr. APJOHN, who at this stage of the proceedings entered the Council room, was requested to resume his speech of yesterday. In doing so he referred to a statement made by the President at an earlier period, to the effect that he (Dr. Apjohn) had declined to give the copy of the letter of the President of the Chemical Society to the registrar for publication, and denied that he had ever so refused. (Some considerable time having been expended in the discussion of this question, upon which Dr. Apjohn's recollection appeared to be at variance with that of the other members of the committee, he proceeded to refer to the document in question.) He said that however highly he respected the members of the Chemical Society, he thought the statements contained in their memorial could not be sustained, especially that which alleged that the old system of chemical notation was rapidly disappearing. It certainly was not disappearing in Ireland and Scotland, but it might be thought that it was of little importance to consider what was done in those countries, and that the Council should be guided entirely by the views of the gentlemen in London. He had satisfied himself, however, that the great majority of chemical teachers in London adhered to the old system. Dr. Christison, he believed, was originally in favour of retaining that system, but had since changed his views on the subject. At a meeting of the Pharmacopœia Committee Dr. Christison asked Professor Redwood his opinion, and that gentleman stated that the majority of chemists in London adopted the old system of notation, and that only a few distinguished men had adopted the new. Dr. Apjohn read several extracts with a view of showing that it would not be desirable to abandon the old system of chemical notation, which he maintained was very simple, easy, and comprehensive, and was used by forty-nine fiftieths of the chemists of Great Britain and France. He was no opponent, however, of the modern unitary system, and he should not be unwilling to see it included in the Pharmacopœia, together with the old notation. He had distinctly stated that if the Chemical Society would memorialize the Medical Council to introduce the two systems, he would support their application; but as the memorial only contained an application to abandon the chemical notation entirely, he should certainly oppose it. If the proposal was adopted, the Council might be accused of issuing a list of secret medicines that might more properly emanate from a society of quacks. The importance of the symbols was so thoroughly understood that it was not necessary to enlarge on the subject. One of the objects of the Pharmacopœia was to teach students medical chemistry, and he feared that, by omitting the chemical symbols as proposed, the Council would practically lower the standard of chemical teaching in almost every school in the United Kingdom. He concluded by proposing "that it would be inexpedient to remove from the Pharmacopœia the symbolic formulæ and atomic weights, and that it be an instruction to the Pharmacopœia Committee to introduce into the second edition of the work which is at present under preparation the notation and equivalents employed in the first edition."

After some remarks from Dr. SHARPEY, who said that he at first coincided with Dr. Apjohn, but that since the receipt of the memorial he had changed his opinion,

Dr. APJOHN amended his resolution as follows:—"That it be an instruction to the Pharmacopœia Committee to give for each therapeutic compound, of definite constitution, occurring in the forthcoming edition of the Pharmacopœia, two formulæ,—the first being that in ordinary use at present, the second being one constructed in accordance with the more recent views of what is called the 'unitary system.'"

Dr. AQUILLA SMITH seconded the motion.

Dr. ANDREW WOOD said that before Dr. Apjohn's statement of the case he had never had the matter pressed upon his attention; but on looking at the old edition of the Pharmacopœia, and observing that the chemical notation was given (which he considered an important matter for the student as well as for the chemist), he resolved that if Dr. Apjohn proposed that the old notation should be adhered to, he could not vote for the motion, because, if the new notation were to take the place of the old, as it very probably would, the Council would be putting a drag upon the knowledge of the students; but he quite agreed to the proposal to employ both systems in the forthcoming edition, so that, whichever system was ultimately adopted, the student would have it presented to him in the work issued by the Council. He thought they should endeavour to preserve the scientific character of the work; and by introducing the old system and the new, they would be accustoming the student to the transition, should the latter come to be generally adopted.

Dr. CHRISTISON said that if the Pharmacopœia did not prove satisfactory to the medical profession, it ought to prove so. In the former edition there were, no doubt, some very decided errors (though they were very few in number), which were made the cover for assaults upon the work in other directions in which it was blameless. He believed it was generally received in Scotland and Ireland with great satisfaction. Some difficulties had arisen in England with regard to defects which were afterwards found not to be of so serious a character as at first was supposed, and he believed that the Pharmacopœia had been rising in the estimation of those who were best qualified to judge of its merits; and no doubt they might ascribe a great deal of the opposition to the Pharmacopœia to the inevitable fact that changes were made which compelled practitioners in every branch to depart from old systems and learn new ones. Time, however, had reconciled practitioners to such changes, and he believed there was every prospect that the Pharmacopœia would be generally welcomed by the profession. No doubt it would contain some errors, but he hoped they would not meet with the violent criticism to which the errors contained in the previous edition were subjected. Dr. Apjohn had stated that at a meeting of the Pharmacopœia Committee he (Dr. Christison) alleged that the students in the Edinburgh University were unacquainted with chemical notation. That certainly would have been a most extraordinary statement for him to make, considering that in his lectures on Materia Medica he had invariably introduced the subject, until the last session, when more important subjects had been engaging the attention of the students. Ever since chemical notation was known, the students in Edinburgh had been taught it; and as a proof of his assertion he would refer to the report of Dr. Andrew Wood and Dr. Alexander Wood of the examinations recently held there. He was of opinion that it was not necessary to introduce the symbols into the Pharmacopœia, which ought not to be overloaded with scientific matters, but only with that which is of real use to the practitioner in medicine and pharmacy. After some considerable discussion on the subject of using the chemical symbols, the committee decided to abide by the decision of the French pharmaceutists, who were occupied in considering the subject. The committee afterwards learned that the symbols were to be retained in France, but subsequently the President of the Council received the very important communication from the Chemical Society which had been read, asking the Council not to prejudge the question, but to leave out the symbols altogether. He believed there were very few chemists of any note who were not members of the Chemical Society, and a communication from authorities of such high eminence deserved the most serious consideration on the part of the Council. It appeared to be highly probable that before long a new system of notation would be adopted, and the Chemical Society was only desirous that the question should not be prejudged in any way by the Medical Council. Under the circumstances which had taken place, the Pharmacopœia Committee was in a very different position from that which it previously occupied. A compromise had been agreed to that both methods should be introduced. But the application from the Chemical Society had placed the matter in a different light. His two colleagues, Dr. Quain and Dr. Sharpey, were of opinion that it was unnecessary to introduce the chemical symbols; but Dr. Apjohn still maintained the view which he previously held. The opinion of Dr. Redwood was asked on the subject, and he very strongly recommended that in the present state of matters no chemical notation should be introduced. Dr. Apjohn stated that the introduction of the symbols would be useful in the examina-

tion of the students; but it was well known that the students acquired a knowledge of chemical notation when they learned chemistry, from their teachers and elementary books. It was not an object of the Pharmacopœia to teach students chemistry: its great object was to teach pharmaceutical chemists what they were to prepare and preserve for the prescriptions of physicians and surgeons. The committee arrived at their opinion cautiously, and he believed impartially; and he had heard nothing advanced by Dr. Apjohn to shake that opinion. When it was remembered that three members of the committee adopted one view and only one the other, and that those three members were supported by the very decided opinion of Dr. Redwood and backed by the application of the Chemical Society, he hoped the Council would support the views of the majority of the committee.

Dr. A. SMITH said the subject under discussion related to no part of the committee's report.

Dr. APJOHN said that Dr. Redwood was requested to ascertain the relative numbers of chemists in London who employed the old and the new systems of notation respectively; and Dr. Redwood certainly expressed the view to which he (Dr. Apjohn) had previously referred. He was no doubt further catechised by Dr. Christison with respect to his own opinion, and, as might be expected, he expressed a view in favour of the Society of which he was an officer. Dr. Christison was undoubtedly in favour of retaining the old system of notation until the memorial of the Chemical Society arrived.

Dr. CHRISTISON stated that that was not the case.

Dr. APJOHN said that Dr. Christison had agreed to a compromise.

Dr. CHRISTISON said that that was very different from abandoning his opinion.

Dr. APJOHN said that if the Council adopted his proposal, it would be practically complying with the prayer of the Chemical Society, because it would be introducing the unitary system of notation, and that was what the memorialists really wanted. Under the circumstances, it appeared to him utterly impossible that the Council could attach much weight to the observations that had been made by Dr. Christison after the rapid revolution he had made in the matter.

After a lengthened discussion as to whether Dr. Apjohn's proposal should be put as an amendment or as a substantive motion, it was put to the Council in the latter form, and was carried by a majority of 11 against 8.

Dr. ACLAND moved the following resolution: "That it be an instruction to the Pharmacopœia Committee to take steps to ascertain whether any or what limits have been imposed by the Medical Act on the reports and investigations which the General Council might see fit to obtain or direct into the properties of the medicines and compounds of which the Council is required to furnish a list; and specially whether the Council is limited by the Act to inquiries as to the composition of articles of the materia medica, and the modes of preparing and compounding them." Dr. Acland said it would be remembered that the view which was taken by the Council was that the course proposed was illegal. He had spoken to some members of the Council on the subject, and he considered that the best thing to be done was to put the question into the hands of the Pharmacopœia Committee to ascertain what the limits were. He hoped his object would be understood.

Dr. PAGET seconded the motion.

Sir D. J. CORRIGAN suggested that the motion was unnecessary, and had better be withdrawn.

Dr. CHRISTISON said he presumed it was not desired that inquiries should be instituted with reference to the forthcoming edition of the Pharmacopœia, but that the object was to enable the committee to take legal advice as to the powers of the Council. He had no doubt there were various inquiries which the committee or the Council had the power of directing; with regard to others, perhaps it would be advisable to receive the opinion of counsel before taking action. There was one matter of considerable importance, to which the committee might give its attention—namely, the obtaining of drugs of a uniform strength; a subject on which they were very much in the dark, and which could only be solved by physiological experiments. The question had not attracted the attention which it ought to receive from pharmaceutical chemists and medical practitioners. His (Dr. Christison's) attention had been called to the subject at a very early period, and he had been greatly astonished at the result. Professor Orfila, in his investigations with reference to poisons, ascertained that many of the most potent vegetable extracts became inert after having been kept a moderate length of time, and the suspicion had arisen that the extracts in use were not to be relied upon. He (Dr. Christison) had ascertained that that suspicion, in respect at any rate of some of the extracts, was entirely groundless. He had discovered that the extract of hemlock as an alcoholic extract (supposed to be one of the most fugacious) did not lose its virtue in the slightest degree after nine years. Only last winter he found that the extract of hyoscyamus, made both from the annual and biennial plant under the direction of the late Mr. Jacob Bell twenty years ago, when used in a very small quantity for dilating the pupil of the eye, produced most powerful irritation, a satisfactory proof that those extracts, prepared in the ordinary way, by slow evaporation, were of excellent quality. He had in his collection some specimens of the extract of belladonna made in 1819, which had been employed in many cases to dilate the pupil of the eye, which it did with an intense energy, such as could not be equalled by any extract prepared only the day before. This was only one illustration of the importance of investigations which might be carried on by the Council or the committee. With regard to investigations respecting the therapeutic virtues of different medicines, he did not feel called upon to express an opinion, but he certainly thought that there were physiological investigations which the committee was quite entitled to take up.

Dr. ANDREW WOOD said he gave Dr. Acland great credit for perseverance. If the Council were the British Association, the Royal Society, or the Medico-Chirurgical Society, or some other scientific association, such functions might very properly belong to them. If Dr. Acland did not think the Council had enough to do without going into experiments, he was about the only man who did not. The experience of the last eight days had shown that they had little enough time to go through their proper duties. The Council, no doubt, had a perfect right to devote any sum of money to the *bonâ fide* and legitimate preparation of the Pharmacopœia, but when they were asked to select a number of people to make experiments, they were being called upon to act beyond their functions. He was not going to re-open the discussion, because he did not think it right to go into it a second time. Of course, Dr. Acland might bring the subject forward next session, but he was wrong in doing so now; for although the phraseology of his motion was varied, it was very much to the same point. He was sure Dr. Christison was not aware of the *mare magnum* into which they would be launched. His (Dr. Andrew Wood's) opinion was that they should stick to their functions. Let them perfect the registration of medical practitioners, let them perfect the education of medical students, and let them apply their power of visiting the examinations of the licensing bodies more strictly, in order to see that those bodies did their duty; and, even when they had done that, he would not be inclined to devote the money of the profession to expenses for investigations, which they ought not to be called upon to bear. If, after the proper functions of the Council had been carried out, the session should only occupy four or five days, he thought the saving of expenditure ought to be devoted to the reduction of the annual sums paid by the profession. He did not regard this as a time for entering into such investigations as those proposed, especially when they had petitions from Ireland complaining of the expenses which were being incurred.

Dr. STOKES said, all that Dr. Acland asked for now was, that it be an instruction to the Pharmacopœia Committee to ascertain whether the Council had the power of doing what was suggested, or not—viz., voting money for those investigations, which were, no doubt, very useful.

Dr. ALEXANDER WOOD said, when the discussion of the more exciting subjects connected with education and registration should have passed away, they might find that after all the preparation of a national Pharmacopœia of a scientific character, and worthy of the Council, was not the least important function which they had to discharge. He (Dr. Alexander Wood) did not profess to be competent to decide whether such experiments were essential for the making of a Pharmacopœia or not, but if such an authority on this matter as Dr. Christison, or such an authority as Dr. Apjohn, or any of the members of the Pharmacopœia Committee, were to come to the Council and say they considered it essential that they should have such experiments made, either by themselves or some committee of the British Association, or some other competent body, or by individuals selected for the purpose, he would be inclined to listen to such a suggestion, and he would like to know whether they were debarred by law from acceding to it. All that Dr. Acland's motion contemplated was to clear the ground. He should vote for that motion; but supposing it were possible that it should be immediately followed by another, authorising the expenditure of a sum of money, he should very likely, in the present state of matters, vote against

it. But he did not want to have it said that the Council could not do it, without having something better than the opinion of amateur lawyers in support of the assertion.

Dr. ACLAND, in reply, said he was discharging what he thought a public duty in pressing this matter, and he could not believe, with Dr. Andrew Wood, that the construction of the Pharmacopœia was altogether a secondary matter in the affairs of the Council. He was not now asking for a grant of £250, but simply for inquiries to be made as to what power existed. If the lawyers should say there was not power at present, the Council ought to take steps to get it.

Dr. QUAIN suggested that it was a matter for the consideration of the Executive Committee. He moved as an amendment that the word "Executive" be substituted for the word "Pharmacopœia." If he voted at all, he should vote against the Pharmacopœia Committee doing that which they were not capable, for want of time, of performing.

Mr. HARGRAVE seconded the amendment, but it was ultimately agreed, after long discussion, to be withdrawn.

The original motion was then put, when there appeared—for the motion, 9; against, 9.

The PRESIDENT said he understood it to be the law that if he gave a casting vote he must have voted previously. He had not done so, and he did not think it well that he should; therefore, as the numbers were equal, the motion was not carried.

Dr. APJOHN said he held in his hand a letter from Dr. Quain which expressed an opinion in direct contradiction to the paragraph in the Pharmacopœia Committee's report respecting the delay which had taken place. Under these circumstances he should object to the passage being adopted.

Dr. A. SMITH said he would second the amendment, "That the following sentence in the report be omitted:—'The committee, before concluding their report, desire, in reference to an impression which seems to prevail that some unnecessary delay has taken place in the production of the Pharmacopœia, to assure the Council that no time has been spent in the work which was not necessary.'"

Dr. CHRISTISON, while admitting that there had been delay, was of opinion that it could not have been avoided, inasmuch as Mr. Warington was not well, and was therefore unable to discharge his duties. He was not aware of any other cause for delay.

Mr. COOPER begged to observe that he had personally inquired of Mr. Warington the cause of delay in the publication of the Pharmacopœia, and that Mr. Warington stated that no delay had arisen with him.

Dr. A. SMITH said this statement made things a great deal worse.

Dr. QUAIN said he could not be held responsible for the truth of what he had mentioned, but he was told that the delay arose through Mr. Warington's illness. Dr. Apjohn had been at variance with his colleagues from the first, and the delay might in great part be attributed to his jealousy of Professor Redwood, who had sharply criticized his performances in the previous Pharmacopœia. However, these were personalities, and the best way would be to take the vote of the Council upon the subject.

Dr. CHRISTISON testified to the great efforts which Dr. Quain had made. He considered that, looking to the amount of work which had to be done, there had been excellent progress.

Dr. SHARPEY spoke to the same effect.

The PRESIDENT said he was sure Dr. Quain had been indefatigable, and had endeavoured to the utmost of his power to expedite the progress of the work. There could not be the least doubt that there had been delay, but the question was whether it was unnecessary delay. The business having been conducted partly in Edinburgh, partly in London and partly in Dublin, it was evident that there was a good deal of time taken up in correspondence.

Dr. APJOHN denied that he had been the cause of any delay, but he was quite willing to withdraw the amendment.

Dr. ALEXANDER WOOD proposed a vote of thanks to the Pharmacopœia Committee for their exertions, but the proposition was not put to the Council.

Upon the motion of Dr. CHRISTISON, seconded by Dr. QUAIN, the report of the Pharmacopœia Committee was adopted.

The Council then adjourned to Monday.

MONDAY, MAY 28TH.

The report of the committee on a communication from the Under-Secretary of State for War was brought up by Sir D. J. Corrigan. Some discussion took place, which resulted in the carrying of an amendment moved by Dr. Parkes, and seconded by Mr. Syme, to the effect that on further consideration the Medical Council had decided not to urge the matter referred to in Sir Edward Lugard's letter on the attention of the Secretary of State for War. A second amendment, moved by Dr. Quain, and seconded by Mr. Hargrave, recommending the Secretary of State, under the difficulties of adapting initials capable of indicating the qualifications possessed by all army surgeons, to omit all initials as indicating professional qualifications, was negatived.

The next business was with reference to the Reports of the Visitations of Examinations. The reports having been agreed to be received and entered on the Minutes, Dr. Alex. Wood moved a resolution, which was also adopted, that the Council did not think it expedient, on the first occasion of receiving these reports, to do more than direct a copy to be transmitted to each of the bodies in Schedule A of the Act. Dr. Andrew Wood then proposed that the visitations should be continued during the present year, that they should be applicable to every part of the examinations of each body, and should include a statement of the facts observed and the opinion of the visitors as to the efficiency of the examinations, as also such remarks and suggestions on defects in them as circumstances might indicate. He also proposed that the reports should be submitted, in the first instance, to the Branch Councils, and that thereafter the Branch Councils should direct them to be printed and circulated confidentially amongst the members of the General Council, so that they might be in a condition, in 1867, to consider them maturely. Sir D. J. Corrigan moved an amendment, declaring that the system of visitation of examinations carried out by members of the General or Branch Medical Councils, being a reciprocal visitation by the representatives of the several licensing bodies, was faulty in principle, and could not command confidence. The amendment was negatived by a large majority, and Dr. Andrew Wood's motion was carried.

TUESDAY, MAY 29TH.

The Report of the Committee on the Registration of Medical Students was read and adopted. Dr. A. Smith moved that it be delegated to the Branch Councils to report to the next meeting of the Council as to whether the column headed "Place of medical study," in the form of register of medical students now adopted, should in future define more clearly the manner in which it is to be filled up; and, if it was their opinion that it should, to suggest the best means of doing so. This motion, having been seconded by Dr. Alexander Wood, was agreed to.

A letter from the Metric Committee of the British Association for the Advancement of Science, asking that the metric decimal system might be introduced into the second edition of the Pharmacopœia, was read. On the motion of Dr. Sharpey, seconded by Dr. Apjohn, it was agreed that the Council was not prepared to adopt, to its full extent, the suggestion; but would direct that a complete comparative table of metric and imperial weights and measures should be inserted in the forthcoming edition of the Pharmacopœia.

Upon the returns of examinations from the medical department of the navy being considered, it was resolved that copies of the questions proposed to candidates should be applied for. In reference to returns from the army medical department it was agreed that the Director-General should be requested to furnish a statement of the subjects in which the rejected candidates had failed. The report of the Finance Committee was read and adopted, as was also the report of the committee on returns from the licensing bodies. Dr. Alexander Wood proposed that no report from any committee of the Council should appear in the Minutes unless it had been first printed in the programme of business. The motion was seconded by Dr. A. Smith, and agreed to. Several recommendations for alteration of standing orders were agreed to be remitted to the Executive Committee to consider and report upon by the first day of next session. A memorial of the County and City of Cork Protective Society was ordered to be entered on the Minutes. On the motion of Dr. Fleming, seconded by Dr. Paget, it was resolved that the Executive Committee should consist of six members, exclusive of the President, instead of four, and that one should be chosen from the Scottish and one from the Irish Branch Council. The following were elected members of the Executive Committee:—Mr. Hawkins, Dr. Acland, Dr. Paget, Dr. Andrew Wood, Dr. A. Smith, and Dr. Sharpey. It was agreed, on the motion of Dr. Andrew Wood, that the Executive Committee should be directed to confer with the Government

regarding the Bill for the Amendment of the Medical Acts. A motion to the effect that each of the bodies named in Schedule A to the Medical Acts should be recommended to communicate confidentially to the registrar of the Council the names of candidates who were rejected, and that those candidates should not be eligible for re-examination by any of the bodies till after the expiration of three months, was negatived. Several other resolutions of a formal character, including votes of thanks to the Treasurers (Dr. Sharpey and Dr. Quain), to Dr. Andrew Wood as Chairman of the Business Committee, and to the President, were then passed, and the sitting of the Council terminated.

PROFESSOR HUXLEY'S LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

RETURNING once more to ordinary mammals, and selecting as a type that well-known animal the specific name of which is *Familiaris*, we find the head moderate in size; the snout produced, with its extremity bare and flexible; eyes with the usual eyelids and eyelashes; ears with a large and movable concha; hind limbs as large as the front ones; and locomotion digitigrade—i. e., that the animal walks on the toes and not on the palms and soles, as the bears, nor yet on the nails, as in the horse and other ungulates. The anterior extremity is provided with five digits, of which the pollex is very short; the posterior one has only four digits, the hallux being rudimentary and generally clawless, while all the other digits have curved claws. There is a moderate tail, the testicles are contained in a scrotum, the penis is slung in a sheath beneath the abdomen, and the mammæ are abdominal.

The skeleton of the dog is a good example of an average mammalian one. There are seven cervical, thirteen dorsal, and seven lumbar vertebræ; the atlas has great transverse processes, and the spine of the axis is considerably antero-posteriorly extended. The spines of the anterior dorsal vertebræ incline backwards; those of the posterior dorsal and of the lumbar vertebræ, forwards; the metapophyses and anapophyses are considerable; the tail has no large chevron bones; there are nine true and four floating ribs, the former being connected to the sternum by sternal cartilages, which ossify with age. The eight sternebræ are laterally compressed. In the skull we find long nasal bones and distinct lachrymals, each of the latter with a canal. The anterior narrowing of the cranial cavity and considerable supraorbital processes remind us of *Otaria*. There is a large sagittal crest, and the zygomata are much laterally expanded for the voluminous temporal muscles and vertically arched for the masseter. The mandible has a high coronoid process, but the angle is nearly obsolete, the prominence generally so called being probably rather a greatly developed supra-angular process. The symphysis is strong, and the condyle bounded behind by a strong post-glenoidal process. There is an aliphenoid canal, as remarked by the late Mr. H. N. Turner, jun., in his valuable paper on the Crania of the *Carnivora* in the "Proceedings of the Zoological Society" for 1848; also the tympanic overhangs the foramen lacerum posterius, the carotid canal extending thence forwards between the tympanic and the periotic. The vomer spreads out beneath the true olfactory chamber, as in the seals. The maxillary turbinal is large and ramified, but not so large as in the seals, while the proper olfactory turbinals are larger than in them; these last project up slightly into the frontal sinuses, which are prolonged back into the supraorbital processes, and often contain linguatulæ. There is no bony clavicle, and in the scapula the supra- and infra-spinous fossæ are about equal. The two radial bones of the proximal row of the carpus are united into a scapho-lunar bone. The phalanges are of the normal number, and each ultimate one sheaths the base of a nail. The tuberosity of the os calcis has a pulley-like form. The hallux is represented by a metatarsal bone, which may have one or even two phalanges. The muscular system is, on the whole, wonderfully like that of higher animals, but there are some peculiarities of interest. The panniculus carnosus is considerable (though small compared to the same muscle in the aquatic mammals), and moves the skin. The external oblique muscle presents a singular and interesting foreshadowing, as it were, of the condition presented by it in the *Marsupialia*, for there is a triangular cartilage, or fibro-cartilage, (on the anterior margin of the pubes,) to which the pillars of the inguinal ring are attached, which gives origin, in part, to the rectus, and which has the cremaster sweeping round it. Douglas noticed a muscle, which he named levator humeri proprius, with a tendinous intersection. This intersection represents the clavicle, the part above it corresponds to the clavicular part of the trapezius, while the part below it answers to the clavicular part of the deltoid. There is a trachelo-acromial, but no subclavius or omohyoid. The larynx is provided with a large hyo-epiglottic muscle, and the latissimus dorsi sends down a slip to the olecranon. Although there can be no movement of supination, there is a supinator brevis and a pronator quadratus. The extensor communis digitorum divides into four tendons, which are inserted into sesamoid cartilages, placed at the junction of the first and second phalanges of each digit. There is an extensor secondi internodii and indicis, and the extensor minimi digiti divides into three tendons, which go to the third, fourth, and fifth digits respectively. Thus all the digits have double extensors, a condition which throws an interesting light on the apparently capricious arrangement of the extensors in man, which is rather to be considered as a relic of a condition more largely and homogeneously developed in lower animals than as a peculiar and special creation; nevertheless the extensor primi internodii appears to be absolutely confined to man. All the flexors are present except the palmaris longus, yet, strange to say, there is a distinct palmaris brevis. A ligament retains the ultimate phalanx in a rather bent-up position, as in the cat, but to a much less extent than in the latter animal. The fifth digit has all the small muscles which exist in man, as also has the pollex, with the exception, perhaps, of an opponens. The interossei are typical, forming a double-bellied flexor brevis for each digit, but each sending on a delicate tendon to one of the cartilaginous dorsal sesamoids. The plantaris is greatly developed, passing through the pulley at the end of the os calcis, and giving origin to the perforated tendons. The parotid gland is large, and there is an accessory parotid, but the sublingual glands are small. The palate is very long, reaching back to the epiglottis. The stomach is simple, the cæcum larger than is generally the case in the *Carnivora*, and spirally coiled. As is so often the case in the last-mentioned order, there are two glands near the anus, which pour their secretion into the rectum. The intestines are only five or six times the length of the body; the liver is deeply subdivided, and there is a gall-bladder. The teeth in the upper jaw consist, on each side, of three incisors (the most external one being almost canine-like), a large canine, then three premolars, formed much like the teeth of *Squalodon*; behind these is another premolar, of much larger size, and which is the superior carnapial or sectorial tooth; and behind this, again, are two smaller teeth, which are true molars, and from their form are called tuberculous ones.

ON DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—I much regret to find that the distinguished Professor of Medicine in the University of Edinburgh considers that in my recently published lecture on delirium tremens, I have not accurately set forth his views as to the nature and treatment of that disease. I beg to assure Dr. Laycock that nothing could be further from my intention than to misrepresent his opinions or his practice; and on comparing my brief and necessarily incomplete reference to Dr. Laycock's doctrine with his own fuller exposition of his views, I must confess my inability to discover any serious discrepancy between them. This inaccuracy I certainly am guilty of: I stated that Dr. Laycock gives his patients wine with *gruel* at bedtime, whereas, in fact, he gives them wine with *soup* or *beef-tea*. I cannot account for this not very serious error, except by supposing that after reading Dr. Laycock's paper, I wrote from memory, not having the printed words before me. The main facts are, that Dr. Laycock treats delirium tremens without opium, and that he gives alcoholic stimulants either not at all, or in minute quantities. He has now so fully stated what his practice is, and his reasons for it, that it is unnecessary for me to occupy your space by supplying the deficiencies in my account of the matter.

I may, however, take this opportunity of stating that, since the publication of my lecture in THE LANCET, I have been reminded that some years before the publication of Dr. Laycock's first paper on this subject in 1858, Dr. Peddie had strongly advocated the treatment of delirium tremens without opiates and stimulants in a paper which appeared in the *Monthly Journal of Medical Science* in 1854.—I am, Sir, yours &c.,

Savile-row, May, 1866. GEORGE JOHNSON.

THE LANCET.

LONDON: SATURDAY, JUNE 2, 1866.

THE Medical Council has expended a great deal of energy upon its labours of this session. It is evident that there are two parties in the Council, as there are out of it. You may hear from the one that the Council has done nothing, will do nothing, and can do nothing, but waste time and spend money. The Medical Acts Amendment Bill is, in the eyes of these Adullamites, a worse than useless measure; the Pharmacopœia a hopeless failure; the educational schemes of the Council are flimsy schemes, which it has neither the power nor the will to enforce. On the other side, the Council is accredited with a good deal of that improvement in preliminary and professional education which had been fairly commenced, and even well advanced, before its regulations were issued; and, in other respects, work which has been done collaterally is assigned to the Council. We should sympathize with those who would willingly place to the account of the Council a very large sum-total of very important and excellent work. The present session has done more than any other to strengthen it in the esteem of the profession and the public.

The three principal objects of the constitution of the Council—the improvement and co-ordination of medical education and examinations, the protection of the public from impostors, and the framing of the Pharmacopœia—have been advanced several grades.

Let us see what has been done under each head. As to preliminary examinations, a good and useful minimum standard has been laid down. We have not the least doubt that this will be generally adopted. There are, in fact, only a few of the examining and licensing bodies who have not already, in obedience to the earlier recommendations of the Council, brought their preliminary examinations up to the standard now established. But there are instances of recalcitration; and we believe that it is well understood that unless these bodies now adopt the recommendations fully and in good faith, proceedings will be taken before the Privy Council to compel them to do so. It has often been asked why this power was not earlier exercised, and why corporations and universities have been allowed to defy the Council from year to year. But there can be no doubt that, although the policy of "moral suasion" has been tedious in its strategy, it has worked results which are in many respects satisfactory, and has enabled the Council to avoid collisions with the universities and corporations which might have seriously impeded its progress, and affected its hold on the Government. Now that the Council is more firmly seated, and has all the advantage which a long course of moderation and the general assent of the profession and the licensing bodies can give to the requirements which it has enunciated, we do not doubt that those requirements will be met.

In respect of the amendment of the Medical Bill, we cannot find the same good reasons for the slowness of its action; although even here it may be urged with force, that if the Council had pressed the House of Commons to give it that complete power over practising surgeons and physicians essential for the protection of the public before it had fairly used and fully developed its functions as a body destined to regulate and elevate the standard of medical education, it might have been met by a refusal to enlarge one set of its powers, which will operate to the advantage of the profession, until it had taken steps to make registered students and practitioners admit a certain necessary standard of professional study as incumbent upon them. The Bill might certainly have been put into its present shape one year earlier, at least; and the impatience of the public at the oft-exposed frauds of quack impostors would have warranted an earlier effort to make it less utterly ineffective than it has hitherto been as an instrument repressive of those frauds. Sir DOMINIC CORRIGAN has no faith in the Bill as amended; but in all that relates to the Council he is a man of little faith, and plays the part with more than wholesome incredulity.

The process of "moral suasion" will be applied to the corporations in respect of the professional examining bodies which, having been visited, have been found wanting. The reports of the visitors are, as we foresaw, documents of a very dissimilar kind as to their structure and form of expression. The Scotch visitors' reports are very businesslike, but needlessly profuse of details which have already been published in the returns made to the Council by the examining bodies. The Irish and English documents are less elaborate and complete; but they have the advantage of not burying the salient points under a mass of scaffolding. The visitations are an experiment; the experiment is successful, and the Council has before it the official record of the shortcomings of a number of the examining bodies. We have already commented upon some of these, prior to the meeting of the Council. The returns of the Director-General of the Navy, and the speech in 1864 of Dr. PARKES, show very painful results, discreditable to the entire profession, and degrading us all equally in the eyes of the public. The whole question will be remitted to the peccant bodies with little or no remark. They know well enough that the matter cannot rest there; and probably next year the visitors will be able to report better things. At present it is perfectly clear that a number of men get on the Register and practise who are dangerously ignorant of elementary parts of professional knowledge; and that certain examinations which entitle men to a place on the Register, and confer a right to practise, afford no guarantee of fitness. It is exceedingly painful that such an imputation as this should rest, among others, upon the diplomas of one of the most important corporations in England, and one which has many claims to respect and reputation. It cannot be allowed to remain untouched; and we shall anticipate that the College of Surgeons of England will take steps to relieve itself from the shame of sending out persons entitled to register and to practise, and competent to submit themselves as candidates for assistant-surgeoncies in the public service, who are entirely ignorant of Latin, Materia Medica, Botany, Midwifery, and Medical Jurisprudence.

The Pharmacopœia occupied the General Council for a short time only. It is yet unfinished, and will probably not be ready for many months. The Committee express a conviction, however, that the delay has been unavoidable. The difficulty of editing a book in three cities, by committees

which can only communicate in writing, has been but partially overcome by the appointment of Professors REDWOOD and WARINGTON. The unfortunate illness of the last-named gentleman must have still further increased the delay. We believe that great efforts have, in fact, been made to get the book ready for this session of the Council, but they were unavailing; and if it is well completed by next year, after undergoing criticism all round, the profession will be satisfied. We are assured that the proof-sheets will not be nursed as they were on the former occasion, but will be submitted to the most competent authorities, in and out of the Council, in each kingdom.

Dr. ACLAND'S proposition that the Council should expend funds in physiological and chemical experiments, to ascertain the action of drugs, and determine their value and doses, was, we think, properly rejected. We cannot believe it to be any part of the duty of the Council to undertake such investigations. We fully concur in the importance of such inquiries; but Dr. ACLAND mistakes, in our opinion, the functions of the Council in urging such duties upon it. Its objects are mainly political and educational. It has to deal with the Pharmacopœia from the point of view of the State; to reconcile differences, to settle formulæ, and to frame out of their discords one harmony. It must listen to the words of science, but it has no duty other than purely pharmaceutical investigation. It is not intended to supersede the Royal Society or the Medico-Chirurgical Society; and although we admit the importance of the questions raised, we dispute their relevancy. When the time shall have come that the Council has completed its political and educational duties to the State, it might then be inquired whether it should occupy itself with scientific investigations; but when that time arrives, we apprehend that it will be necessary to discuss whether the constitution of the Council does not unfit it for such work, and whether it ought not to be reorganized on a different basis, if such duties are to be undertaken.

There is reason to be well pleased with the addition of Dr. ANDREW WOOD and Dr. AQUILLA SMITH to the Executive Committee. The powers of that Committee have been inconveniently restricted from the want of representatives of Ireland and Scotland upon it. Much time will be saved by having a more complete and fully representative executive, with power to act during the interval between the sessions of the Council.

DR. JOHNSON'S theory of cholera has two essential peculiarities. One of these has reference to the first stage of the disease. It attributes to the first stage—that of diarrhœa—a curative or, to speak more accurately, an eliminative character. Dr. JOHNSON admits that occasionally the very abundance of the discharges may be a cause of death by exhaustion; but regards this as an exceptional case. We are not prepared to endorse the statements on which Dr. JOHNSON'S reasoning in support of this part of his views rests. These statements are of two kinds. First, that the symptoms of collapse and the discharges bear an inverse rather than a direct relation to each other; and secondly, that cases like his own and those of Mr. WATKINS, treated on the view that the discharges were rather to be encouraged than otherwise, were less fatal than those in which an opposite principle was acted on. The detailed disproof of these statements would make too heavy a demand upon our space. We must content ourselves with one or two counter statements. Although cases of cholera, either without evacuations or with discharges altogether disproportionate to the amount of collapse, are described by all the great authors, they are certainly rarely met with. We have always had our misgivings about them. Even in India they are rare. Men like PARKES and GOODEVE do speak of them, but scarcely as matters of personal observation. GOODEVE, in "REYNOLDS'S System of Medicine," says: "You hear people speak of them, but rarely see them." All Dr. PARKES'S 47 cases fatal in the collapse stage had vomiting and purging before admission into the hospital. In English experience, cases fatal without evacuations are probably still more rare. The collapse in a large number of cases in the Middlesex Hospital was classified according to its degree as incomplete, complete, or extreme. The ratio of the evacuations to the collapse was direct, and the cases of incomplete collapse which passed into complete were those in which the purging was most severe. At the same time we do not think it necessary to maintain that the proportion between vital shock and discharges must be invariable. Just as one man may be much more affected by the loss of half a pint of blood than another man by the loss of three times the quantity, so it is likely to be with that portion of the blood which escapes in cholera. We are not convinced, then, by Dr. JOHNSON'S first section that evacuations in cholera are a good thing, and that they bear, generally speaking, an inverse ratio to the severity of the collapse.

As to the good effect of castor oil and the bad effects of astringents in this stage of premonitory diarrhœa, we have only to say that there is a discrepancy between Dr. JOHNSON'S experience and that of the profession. His treatment was largely tried in 1854, and generally and strongly disapproved. Even those who agree with him in doubting the wisdom of checking the evacuations, as MACLEAN and BOWERBANK, disapprove of purgatives, thinking that cholera itself supersedes all medicines of this order. It is only due to Dr. JOHNSON to say that in his present writings he expresses the opinion that in 1854 the quantity of oil given by him was unnecessarily large.

The other fundamental peculiarity of Dr. JOHNSON'S theory is spasm of the minute arteries of the lung. This is just as much an effect of the cholera poison, in Dr. JOHNSON'S opinion, as vomiting and purging. This is the effect which causes, in its turn, the fatal phenomena of the stage of collapse, coldness, blueness, more or less dyspnœa, failure of circulation, of secretion, emptiness of the arteries, shrinking of the skin, &c. There is no difference between Dr. JOHNSON and other authors as to the nature and importance of these phenomena. They indeed constitute cholera proper, and have more of the nature of asphyxia in them than of syncope. But are we to admit the force of Dr. JOHNSON'S arguments, and attribute them to a spasm of the small pulmonary arteries? We are quite prepared to admit the fact of spasm of arteries. Dr. JOHNSON'S illustrations are convincing enough on this point. But does this happen in cholera, and at the vital point where he locates it? We were wrong in our statement of his views in saying that he attributed the empty state of the arteries generally to a contraction of them induced by the cholera poison. He considers them empty simply from their not receiving blood from the left side of the heart. As regards the argument from the diffi-

culty of drawing blood from its vessels, we would just say, in passing, that this holds in regard to veins as well as arteries in cholera. Dr. JOHNSON's great argument for a spasm of the pulmonary arteries is the pale state of the lung on section, and the accumulation of blood in the right side of the heart, taken in connexion with various symptoms during the collapsed stage indicative of embarrassment of the respiratory function. But these post-mortem phenomena are far from being invariable. In Dr. PARKES's cases the lungs were more or less "hepatized." The colour on section "in the most collapsed cases was generally pale, becoming red on exposure to the air. In sixteen cases the colour is particularly noted as pale-red; in one case it was black, as if the tissue were stained with blood; in one case it was mottled with large black patches on a pale ground; in the remaining cases it presented various shades of dark-red." The lungs were generally collapsed. "When sliced, and freed from blood by pressure and put into water, they absorbed it like a sponge and gained weight." It will be seen from the above description that the state of the lungs is far from being one of constant anæmia. The accumulation of blood in the right side of the heart and pulmonary arteries also varied considerably. Fibrinous clots were common in the right side of the heart. These varying appearances do not necessitate the supposition of a spasm of the pulmonary arteries.

Moreover, spasm of the pulmonary arteries seems to us not the kind of lesion indicated by the facts. Were it common, we should expect sudden attacks, and even sudden deaths, to be common in cholera. Dr. JOHNSON's own illustrations of what he supposes to happen in the collapse stage suggest this idea: such illustrations as the case of epilepsy, the experiments of BLAKE, the admission of air into the large veins, &c. But such sudden attacks and deaths are really rare,—very rare, considering the panic-stricken state of the community during an epidemic of cholera. Then again, on Dr. JOHNSON's own view of the disease, this spasm of the arteries happens at the wrong time. It occurs for the most part after huge exudation, which, according to him, eliminates the poison that has the strange power of contracting this vital bit of the arterial system.

The essential features of the state of collapse in cholera are better explained, it seems to us, by the disorganised state of the blood—deficient in water, in alkaline reaction, in salts, and having the fibrin either deficient or more or less altered and separated: a state closely corresponding with the nature of the evacuations. The evacuations may be Nature's remedy. If so, she is in this disease a dangerous physician; and her remedy has appeared to the best observers as a great portion of the disease. It is a weak part of Dr. JOHNSON's theory that he makes so light of the evacuations, or rather that he is so enamoured of the notion of their curative "object" as to disregard them as material elements in the causation of collapse. The thirst of a cholera patient suggests to us that there is a mortal dryness of the blood and tissues, and, taken in connexion with other facts, seems to show that our great wisdom in the early treatment of cholera is to keep intact the composition of the blood by restraining the drain from it which almost invariably precedes, and seems largely to cause, the symptoms of collapse.

COLLEGE LECTURES.—Professor Hancock will commence his course of lectures, on the Anatomy and Surgery of the Foot, on Monday next, at four o'clock.

Medical Annotations.

"Ne quid nimis."

THE ATMOGRAPH.

EVER since the method of investigating the duration and succession of vital phenomena by tracing them on sheets of paper moving at a constant rate in a given direction by clockwork has been employed in physiological research, it has appeared to those engaged in the study of the affections of the respiratory and circulatory functions to be of great importance to be able to record by similar instrumental means graphic representations of the varying characters of the pulse and of the respiratory movements in different diseases or constitutional states. As regards the pulse, the desideratum has been supplied in the sphygmograph, with the important applications of which to the investigation of diseases of the heart and arteries our readers will, we hope, soon become familiar. But as regards the movements of breathing, although various instruments have been proposed, none has completely answered its purpose. Dr. Sanderson, who has been engaged during the last two years in experiments relating to the influence of the respiratory movements on those of the circulation, has employed for this investigation an arrangement for obtaining a tracing of the respiratory movements on the cylinder of the Kymographion. This he has now adapted to the purposes of clinical research, under the name of Atmograph.

The principle on which the instrument is founded is the following:—A current of air passing through a tube open freely at both ends, and of the same form and width throughout, meets with a resistance which varies as the square of the velocity of the current. If one end of the tube is connected with a closed cavity, out of which air issues or into which it flows through the tube, the other remaining open, the resistance offered by the tube to the passage of air through it, and consequently the velocity of the current, is *expressed* by the difference of pressure between the air contained in the cavity and that of the atmosphere. In order to apply this principle to the measurement of the influx and efflux of air in respiration, all that is required is that the air breathed should pass in either direction through a tube having a uniform calibre somewhat less than that of the trachea, and that this tube should be connected with an instrument capable of accurately measuring minute differences of elastic tension of air, and of transmitting such measurements to the recording cylinder. The tracings on the cylinder would then express the tension due to the velocity of the current at each moment of the respiratory revolution. This object cannot be accomplished by any form of manometer or pressure gauge. For although there is no difficulty either in constructing manometers sufficiently sensitive, or in making them self-registering, all instruments of this description have the fault that when the changes of pressure they are used to indicate are extremely rapid, they are subject to instrumental errors due to oscillatory movements of the liquid employed. For this reason Dr. Sanderson, following in this respect the example of Marey, has had recourse to the resistance offered by the tension of a steel spring as the measure of air pressure to be determined. The apparatus consists of a disc-shaped bag of thin india-rubber, the opposite sides of which are kept apart, but parallel to each other, by a couple of horizontal brass plates cemented to their outer surfaces. Of these, the lower is glued to a board, while the upper is supported by a horizontal brass lever, against which two slender steel springs of equal strength act in opposite directions. By means of these springs the lever is maintained in stable equilibrium, and their counter action is such that the approximation and retirement of the sides of the bag from each other are equally resisted, so that the descent of the

upper brass plate due to any diminution of the tension of the air in the bag is always equal to the ascent produced by an equal increase of tension.

The movements of this lever are multiplied by a second, carrying at its extremity a pencil, by the point of which its oscillations are traced on the recording cylinder. On the other hand, the interior of the bag communicates with a T-shaped tube, along the horizontal bar of which the individual breathes. The clockwork being set in motion, the oscillations of the lever, represented by the curve inscribed on the cylinder, indicate the variations of resistance due to the velocity with which air passes in either direction, and, provided that the constant relation between resistance and velocity has been previously determined, afford data from which the quantity of air inspired and expired in any given time may be determined with approximative accuracy.

The advantages which the instrument possesses may be summed up as follows:—1. The tracing requires no correction for instrumental error. 2. It not only registers the relative duration and relative intensity of the respiratory acts, but the absolute quantity of air breathed. 3. It is so little disturbing to the patient that it may be kept in operation during sleep.

ON SUSPENDED ANIMATION.

IN the course of the address delivered by Dr. Brewer to the guardians of St. George's at St. James's Hall, he adverted to the "laying-out case" at St. Pancras. To many minds the most serious features in that case were: the neglect of the child during some days before its death; the fact that "the doctor had not been asked to see the child while it was dying," or when it was supposed to have died; that the nurses were evidently untrustworthy, and contradicted each other on oath; and that the evidence disclosed an absence of guarantees for the good management of the nursery, and an excessive over-work of the medical officer. Dr. Brewer, however, passed over all these incidents, and dwelt upon the question of suspended animation in a passage which really deserves to be quoted, if only to show what the representative of the St. George's guardians has to say on the matter.

"I have been more than once under a condition of apparently suspended respiration, and with circumstances less comfortable than those related of this babe; and yet active as is my brain, and sensitive as is my body, I remember as well as though it were but yesterday, that on being restored to consciousness no feeling of discomfort of any kind attended my experience of either occasion. It is under the truth to say I have known a score of cases of those who have been supposed dead being reanimated. It is not many months ago a friend of mine, a rector of a suburban parish, was pronounced by his medical attendant to be dead. His bed was arranged, and the room left in its silence. His daughter had re-entered and sat at the foot, and the solemn toll of his own church bell was vibrating through the chamber, when a hand drew aside the closed curtain, and a voice came from the occupant of the bed, "Elizabeth, my dear, what is that bell tolling for?" The daughter's response was, perhaps, an unfortunate one: "*For you, papa.*" Schwartz, the first eminent Indian missionary, was roused from his supposed death by hearing his favourite hymn sung over him previous to the last rites being performed, and his resuscitation made known by his joining in the verse. Alas! while the public will be tickled by nothing but sensationalism, sensational paragraphs must be supplied. Is there a man here who knows anything of the current literature of the day who can deny this? But what good is it to know this if we are not on our guard against it? Bill Sykes and Jack Sheppard led the way; convicts and their harrowing biographies, culminating in invectives against law and order, followed. The elevating mission of literature is lowered to the business of villany, and fast young ladies, slang young gentlemen, and prurient old greybeards feast on the garbage of society as George the First did on putrid oysters; *and coronets and archbishops lead the chorus in these worse than Bacchanal orgies, and drag alike the aristocracy and the church into a position of ridicule and contempt.*"

The picture of the Archbishop of York and Lord Carnarvon leading a chorus of prurient greybeards and fast young ladies to a worse than Bacchanalian orgy to "feast on the garbage of society" is a conception which towers to the height of "local" oratory. But surely Dr. Brewer must have formed a very low estimate of the intelligence of his hearers when he framed these astonishing sentences for their edification. If Dr. Brewer can really see nothing but a prurient sensationalism and a desire to feast on the garbage of society, in the very plainly worded and very accurate and moderate descriptions of facts and figures detailed and demonstrated in our reports, and in the indignation which those reports have excited, then we doubt whether he is even a fair representative of the intelligent members of the class whom he professes to represent.

THE MEDICAL ACT.

THE Home Secretary has at present under consideration the amended Bill, which has passed through the Medical Council, but has not signified his intentions. We may hope, however, that he will see the importance of undertaking, on the part of the Government, the conduct of a measure of this kind, which is one submitted repeatedly for his approval, amended by Government counsel, emanating from a Government body, and affecting an Act which was itself introduced under official auspices. The good deeds of the Government this session cannot be very numerous, seeing that their time is so much occupied in purely political and party debate; but a short measure such as this, to stop the infamous traffic in disease and fraudulent assumption of titles, would be one of substantial benefit, and would be widely hailed as an important boon.

SCURVY IN THE MERCANTILE NAVY.

ON Monday next, the 4th of June, Dr. Dickson, R.N., Medical Inspector to the Honourable Board of Customs, will read a paper on this important subject before the Epidemiological Society. The Society is doing good service by affording an opportunity for a fuller discussion of the state of the mercantile marine in this respect. The health of the merchant service has frequently occupied the attention of its most earnest supporters. The late Dr. M'William devoted much labour to this question; and the present president of the Society, Dr. Gavin Milroy, has also given much thought to it. We are glad, then, to see that the special question of scurvy among our mercantile navy is about to occupy the attention of the Society.

It is understood that Dr. Jenner, F.R.S., Physician in Ordinary to her Majesty the Queen, will succeed Dr. Gavin Milroy in the presidency of the Epidemiological Society.

THE doctrine of the conservation of force seems to have met with an opponent in Professor William Thomson, who has delivered the annual Rede Lecture at Cambridge, taking for his text "The Dissipation of Energy." He is stated to have arrived at the conclusion that the earth is again approaching, by the gradual dissipation of energy, to a state resembling its primal condition, and in which it will be, as it had been, uninhabitable by man as at present constituted.

AN action of some interest to the medical profession, and yet more to the public, was tried in the Court of Common Pleas on Monday last. It was the case of D'Lalor *v.* Caudwell, and was an action to recover damages for an alleged slanderous statement which the defendant had made to the magistrate at Bow-street, and had caused to be inserted in various newspapers. The statement was in reference to a book of the plaintiff's entitled "The Home Doctor;" and the defendant pleaded that the assertion was true. The plaintiff held an "American diploma." The defendant is a publisher in the Strand. The statement made

by the defendant before the magistrate was to the effect that he had not given permission for his name to be placed on the book as its publisher; and he objected to its publication because it was immoral. The judge summed up carefully, and left the jury to decide whether the allegation made was true or not. The jury found for the defendant.

THE isolation and careful hygienic treatment of the cholera patients at Liverpool have apparently been thus far successful in preventing the extension of the disease. Whatever may be the doubts as to treatment of the disease by drugs, medical research, by demonstrating the sources of contagion in the drinking water, discharges of patients, and contaminated soil around cholera habitations, has pointed out the means of limiting the disease. It may yet be found that cholera thus combated is one of the most thoroughly preventable of epidemic disorders.

WE are informed that at the last election at the Medical Benevolent College a young candidate was elected by an unprecedented number of votes, as to whom it is stated that his surviving parent is in the enjoyment of a handsome annual income. The announcement of the result was received with open marks of disapprobation in the room, and we think it right to refer to it, in order that the Treasurer and Council may inquire into the circumstances. If the facts be as we have said (and we have good authority for the statement), it seems to us that an abuse of the charity has occurred which ought to be remedied, if possible, and of which the recurrence ought at any rate to be prevented.

IN the American news of the *Pall-mall Gazette*, we read that Dr. Bigelow of Boston proposes to substitute for ether, in the production of local anæsthesia as proposed by Dr. Richardson, a compound of petroleum and naphtha, boiling at 70° Fahr., and having a specific gravity of ·625. While Dr. Richardson's pure ether spray depresses the mercury to 6° below zero, the petroleum liquid, it is said, easily depresses it 19° below zero, and freezes the skin in five or ten seconds. It is spoken of as not adapted for large operations, a first congelation being evanescent, and a continued or general congelation rendering the danger of mortification imminent.

THE statements contained in the paper laid before the President of the Poor-law Board by Lord Carnarvon on behalf of the Association for the Improvement of London Workhouse Infirmaries, to which reference has been made in the daily press, are of a more grave and painful character than any that have yet been put forth. They proceed from a late head nurse of the Strand, Rotherhithe, and Newington workhouses, who produced to the committee very high testimonials from the authorities of each of these houses which were given to her on leaving. She expresses a desire to give to the committee information of horrible cruelties perpetrated on the sick poor, and against which she ineffectually remonstrated. She speaks of patients dying on the floor of the ward in being dragged to the closet in the last stage of illness; of brutal violence inflicted by pauper nurses; of systematic neglect and filthy dirt; of the refusal of the nurses to attend to the patients unless bribed; of robbery of the food and stimulants of the sick and infirm. Corroborative evidence has been received of part of the statement; and it is difficult to conceive that a reputable woman, possessing high testimonials, should make charges so detailed and precise unless well founded. The President of the Poor-law Board has ordered official inquiries; and the head nurse is prepared to attend them and substantiate her statements on oath. The inquiry at the Strand will, we believe, commence on Monday.

THE post of head surgeon to the Emperor of the French has been assigned to the celebrated M. Nélaton.

Correspondence.

"Audi alteram partem."

SYPHILITIC INOCULATION IN 1865.

To the Editor of THE LANCET.

SIR,—Mr. James Lane has written a third long letter with the apparent object of showing that I have all along been under the impression that Dr. Boeck had produced a lineal series of inoculations from an indurated sore in a *male* instead of in a *female*.

Such an assumption is purely gratuitous.

Dr. Boeck mentioned the circumstance to me of his having performed the inoculation at the time he did it. I saw the patient several times in his company, and inspected the pustules which had been produced. Any confusion which may have arisen with regard to this point in the present correspondence does not rest with me.

If, as in the present case, it can be shown that a particular sore was not inoculable up to a certain date; that then suddenly six pustules were apparently produced from it; and that after that no further inoculations could be made for three weeks, and then only under circumstances which would render an admixture of secretions probable,—we have gone a long way to show that the matter which produced the exceptional inoculations was derived from some *accidental* source. What these accidental sources of inoculation are I may have shortly an opportunity of considering more at length; for the present I can only express my surprise that Mr. Lane should have thought that one part of a case, which he has deemed it right to comment upon so freely, was "no affair" of his, and should at the same time have intimated a wish that we should receive the authentic facts connected with Boeck's proceedings only through him. How dangerous it is to draw conclusions from a part only of a subject, and to profess to have "nothing to do" with the rest, is shown by Mr. Lane's statement, published in THE LANCET of the 28th of April, that "in *one case only*" had the process of syphilization been discontinued—an assertion directly contradicted by Dr. Boeck in his letter published on the 19th of May. Dr. Boeck there refers to *five* cases in which the treatment was discontinued. In one of these the patient "rebelled" after thirty inoculations. In another, symptoms of cerebral effusion occurred during the treatment; and the remainder were much in the same state after the inoculations as they were before.

Mr. Lane's "final effort to set me right" having proved a failure, I am left to my own original opinion, which is—that no step has been made during the past year to demonstrate that the syphilitic poison can, as a rule, be absorbed into the system of a patient already under its influence: an opinion in which I think a very large proportion of your readers will coincide.

I am, Sir, your obedient servant,

Savile-row, May 29th, 1866. HENRY LEE.

THE EXPANDING UTERINE STEM.

To the Editor of THE LANCET.

SIR,—The straightforward answers of my friend, Dr. Aveling, to my queries in your journal of April 28th, coupled with the letter of Sir J. Simpson, have convinced me, and doubtless your impartial readers, that Dr. Graham Weir was the inventor of the "intra-uterine bougie or pessary" in the year 1855, with the view of treating "cases of versions and flexions of the uterus; but its use proved a failure, and simpler," and I may add from considerable experience, less hazardous, "means were found more efficient."

In my former communication I asked Dr. Wright "to refer me and your readers to the writings of any authority prior to March, 1864, in confirmation of his statement, that in the construction of intra-uterine stems, pessaries, or tents, "there is nothing new in the use of a spring." Where in Kiwisch's writings is any allusion to prove that he "first employed it for dilatation of the cervix"? Why he (Dr. Wright) copied Dr. Marion Sims's modification of my stem, when he could have seen a fac-simile of my original stem in the instrument case at the Samaritan Hospital, &c.? All I claimed in my letter of April 28th was, to be the "inventor of a stem, intro-

duced by means of a stilette, upon the withdrawal of which it expanded laterally in the body of the uterus." I merely referred to Dr. Sims's sketch in illustration of that principle of construction. I may here remark that I never said I had used one of Dr. Sims's modified stems; moreover, I now affirm that I never had one in my possession. I again repeat, how could Dr. Wright have "carefully searched through all the records, but found nothing to help" him, when one of his colleagues, Dr. Routh, had published an account of my stem in the *British Medical Journal* in 1864, as "consisting of two lateral valves, which separate by a spring," and which instrument was exhibited at the British Medical Association meeting during that year. How could he (Dr. Wright) have "personally investigated" the stores of Maw, Coxeter, and Savigny, without finding my spring stem, when Coxeter had had several in stock for upwards of two years? Should Dr. Wright fail to give satisfactory replies to these questions, I and your readers can but infer that he is unable to substantiate his assertions.

In conclusion, I beg to assure Dr. Aveling that I never heard of or read about any bilateral, expanding, or spring bougie, stem, tent, or pessary, prior to my first communication in your journal of March 17th, and I should feel greatly indebted to Dr. Aveling if he would favour me by a reference to the journal or pamphlet in which the construction and use of Dr. Weir's instrument is described or noticed.

I am, Sir, yours obediently,

Grosvenor-street, May, 1866. R. GREENHALGH, M.D.

DR. EDMUNDS AND THE LADIES' MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—I have to acknowledge with many thanks the very handsome statement which appears on the part of THE LANCET in your last impression. That statement is to me far more gratifying than any other issue to which the case could have arrived.

I am bound to put upon record my obligations to Dr. Wm. Farr to whom I was introduced for the first time by the somewhat questionable circumstance of requiring his evidence upon the vital and statistical data in dispute. Dr. Farr at once carefully examined the questions involved, and made it his business to bring the litigants into personal communication. Doubtless this is just what anyone who has had the advantage of coming into contact with Dr. Farr would have expected, but nevertheless his rare qualifications and well-known personal character rendered his intervention peculiarly acceptable in the present case. And Dr. Farr also consented to arbitrate upon certain points which at first it seemed likely would remain in difference; but the facts were so promptly and handsomely met by Dr. Wakley as to render this further kindness unnecessary.

I am also indebted to Dr. Wakley very greatly for the conscientious attention with which he has gone through the voluminous papers connected with this and other matters.

In most quarters I have met with many kindnesses and favours which I feel to be unmerited, yet I cannot but think that there are members of the profession at whose hands I have suffered something beyond accidental misconception. Your adjudication, Sir, has more than disarmed such persons as regards myself, but I would ask those gentlemen to think twice in future before they speak once of others as they have spoken of me, and I doubt not that those principles which ought to govern every member of our profession will regain their natural ascendancy.

As to the Female Medical Society and its operations, I will ask leave to state, that there is no ground for the representation that this Society's lectures profess to meet the requirements which would be necessary for the education of female physicians or surgeons, or general practitioners. Certainly the course by Dr. Murphy on Midwifery and the Diseases peculiar to Women and Children is precisely that which has for many years formed a part of the authorised curriculum as followed out at University College by male students, and this course might perhaps be made to count as one of the authorised courses by ladies who wish to follow in the footsteps of Miss Garrett; but out of some twenty ladies who have attended the lectures, there is not one, so far as I can learn, who has any intention of attempting to qualify herself for general practice; and the foremost and ablest of our students have, after two sessions of scientific instruction, and an intervening summer course of practical tuition at the lying-in hospitals, already established themselves in practice as lady-midwives. They are greedily welcomed by the public, and find no difficulty whatever in getting the assistance of male obstetricians in consultation upon cases of difficulty and danger. Again, the general course on Medical Science could not be made in any way to count as a further portion of the medical curriculum, as it is not in conformity with the regulations of the Hall. It consists, in fact, merely of outline lectures, and is designed to supplement the primary course on Midwifery, &c., and to meet the educational requirements of another class of ladies. Each session lasts from October to May, and consists of about 150 lectures. The students who have already entered may be roughly placed in three classes—

1st. Midwives already "qualified," some of whom have been in practice many years, but being destitute of that conceit which usually comforts a state of comparative ignorance, have gladly availed themselves of these lectures as a valuable opportunity of systematizing and improving their knowledge.

2nd. Younger women, about equal in education and social position to ordinary medical students. These intend to practise midwifery *alone* as a means of livelihood.

3rd. Ladies of position, who attend the lectures as a mere means of education, or for the purpose of acquiring information which will be useful to them in villages or in foreign travel.

The designations Female *Medical* Society and Ladies' *Medical* College have been objected to as too wide. I admit that the word "medical" is objectionable. "School of Midwifery" and other names have been considered as alternatives; but the word "midwifery" would ban the institution from general conversation, and would not comprise the other medical subjects, without which the scheme would be incomplete. It is usual in choosing such designations to err if necessary on the side of inclusion rather than of exclusion, and until some sufficiently short and better name is suggested I will not occupy your valuable space in discussing this point. But our committee will be thankful for suggestions upon it.

There is far too much nobility and disinterestedness in our profession for me to doubt the effect of an appeal on this question, and I am confident that the general verdict will be, that the Female Medical Society is commencing a work of great social importance, and that it is no discredit to the profession for that work to be helped on by members of its own body.

What is the present state of things? Any worn-out old woman can set up and practise as a midwife. There is no recognised course of instruction prescribed, and no pretence at any examination to test the qualifications of these women. This fact is thoroughly recognised by the proceedings of the Royal Maternity Charity, which has for many years employed one of its own physicians to instruct women in order to recruit their staff of midwives. Moreover, I am in a position to prove that the present so-called "diplomas" from the lying-in hospitals are given merely on a few weeks' sojourn and witnessing a few births in the hospital, with the payment of a fee to the matron and other officers; and that these "diplomas" are often signed by medical men who have never even seen the "diplomées." The epidemic of puerperal fever last year at Maidenhead was largely increased by two midwives—mother and daughter. The former had for many years been almost uniformly free from casualty in a large practice; the latter had but recently been to London, and "walked one of the lying-in hospitals." Yet neither of these women had ever heard of "puerperal fever," or knew anything of its terribly infectious nature! Most of these lives would have been saved by the most rudimentary medical knowledge, and I ask, does not the present system require some remedy? And while practical tuition is best acquired at lying-in hospitals by students in small groups, it is evidently only practicable for proper scientific and theoretical instruction to be given to them collectively.

On professional grounds alone there is much to be said for making the practice of midwifery a specialty. Until lately the College of Physicians has always regarded midwifery as "an art foreign to the habits of gentlemen of enlarged academical education." Our hospitals to this day have a bye-law to the effect that no one of their medical or surgical staff shall practise midwifery; and it is well known that no sooner do our best general practitioners arrive at really large and responsible practice than they employ a deputy to attend to the midwifery, or fix their fees at a prohibitory amount. Midwifery cases render a practitioner unable to keep appointments

with any certainty; they trespass upon those hours which he requires to appoint for receiving patients at his own house; they break into his leisure, destroy his rest at night, and render it impossible for him to maintain that serenity of mind and that method in his work without which no man can keep up with medical science, or fairly discharge his public duties, unless indeed he sustain a tension of mind and exhaustion of body which must end in premature death or decay.

I would beg you, Sir, also to consider our sisters as well as our "brothers," and to look at the extremities to which educated women, often the relatives of professional men, are driven for a livelihood; and I would ask what occupation there is for which woman's slender hand is more fitted than for the practice of midwifery, for which she can qualify herself in so short a time, and by which she can render herself so really independent? I could place in your hands letters from the widows and daughters of medical men in all parts of the country, to whom this institution is likely to prove of signal service. How often does the wife of a disabled practitioner, or a widow unexpectedly left to struggle with the world, look round without seeing how to utilize the sympathy, respect, and goodwill of old patients and friends; yet the easily acquired business of an *accoucheuse* would often enable her to turn such surroundings to the greatest advantage. And not only are there these considerations in favour of this movement, but I believe that, if you will again favour me with an opportunity, I shall be able to demonstrate from the bills of mortality that the ordinary practice of midwifery should be separated from that of medicine and surgery, and that the hands of women are undoubtedly the best fitted for its general duties.

I have the honour to remain, Sir,
Your obedient and obliged servant,
JAMES EDMUNDS, M.D.,
Fitzroy-square, May 30th, 1866. Hon. Sec., Female Medical Society.

MEDICAL CONTRACTS.

To the Editor of THE LANCET.

SIR,—Medical contracts offer an exception to the rule of contracts in general, for in all other instances the pay is apportioned to the quantity of the article to be supplied or amount of work to be done which is contracted for; but in the instance of medical services stipulated for, this rule of adjustment is lost sight of. Why should it be? It is true that in the case of Poor-law districts the medical officer is professed to be paid according to the number of parishes, population, and acreage; and in the case of clubs, so much per case or per member. But how irrelevant and, consequently, erroneous and unsatisfactory such data must be, on which to base a calculation for pay, which, under such system, though continually varying, is always vastly under the mark, will be rendered more evident by the juxta-position of an example of lay-contract. To instance the union baker. This functionary is bargained with to supply bread and flour of a certain quality to a certain district or union at a certain price—not an annual stipend irrespective of quantity, as obtains with reference to covenanted medical attendance; no, this he would reject at once, and the guardians well know it—but at so much per loaf or per stone.

Now, a similar principle ought to govern all medical contracts. Let the educated medical practitioner, no less than the uneducated tradesman, be duly remunerated for his commodity—his time, his services,—and be no longer excluded a participation in the benefit of a principle universally recognised except in relation to himself.

Henceforth let the medical man be paid a fair remunerative fee by all unions and clubs for visits, and for all operations involving time and skill; let him, *exempli gratia*, take unions and clubs at so much per visit according to distance traversed, and charge separately for operations according to a fixed moderate scale; in fine, let him be paid for what he actually does, and be no longer content to receive a minimum price, and that for a fractional portion only of work done.

I am, Sir, your obedient servant,
T. OSBORNE WALKER, M.R.C.S., L.S.A.
Blakesley, May, 1866.

THERE is such a dearth of physicians and surgeons in the Austrian navy that the Government offers to engage young men who have not yet completed their medical studies.

"THE LANCET" COMMISSION AND THE ST. GEORGE'S GUARDIANS.

THE chairman of the recent meeting at St. James's Hall, by way of demonstrating "unfairness" shown to the guardians, made a very grave statement at the close of his address, of which we are compelled to take some notice. Referring to the visit of our Commissioners to the St. George's Workhouse Infirmary in Mount-street, he said that, in reporting on the space of the wards, "they actually intended to guess the height of these wards without resorting to actual measurement, and they only took the latter course on being remonstrated with by the house-surgeon. That was a challenge to Dr. Anstie and Mr. Hart, who were the gentlemen he alluded to."

Now this statement is, of course, entirely erroneous. It is a very serious one, because it imputes gross unfairness to our Commissioners, and a recklessness of the truth, if not a deliberate intention to misrepresent the truth. The facts are that our Commissioners adopted for this house the official measurement of cubic space which had very recently been made by a surveyor at the request of the board. In their visit they were accompanied by Dr. Bloxam, the gentleman referred to, and the master. Finding that, although awakened to the propriety of ascertaining their cubic space, the guardians had not yet inquired into the floor-space or area per bed, the Commissioners requested permission to see these measurements, which was accorded. These measurements were made by a servant of the guardians. The taking the height of the wards at all was, under these circumstances, superfluous. Dr. Bloxam entirely corroborates these details; and, therefore, we cannot doubt that Major Lyon will regret and withdraw the unfounded imputation. Whatever our differences may be with boards of guardians as to the question of the present management of the sick, we hope to be able from first to last to agree with them on matters of fact. It is impossible, we apprehend, that amongst gentlemen any doubt should arise as to simple questions of veracity in matters of fact; and we do not doubt that on inquiry the St. George's Board of Guardians will find reason to confirm the statement which we have here made.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on May 30th:—

Anderson, David Hawley Burn, Edinburgh; diploma of membership dated April 24, 1866.
Bolton, Reuben, M.D. & M.C. Queen's University of Ireland (1865), Bangor, Co. Down. (Not a Member.)
Byles, James Cotton, Albert-terrace, Victoria-park-road; June 24, 1859.
Creed, John Mildred, Melbourne, Australia; April 24, 1866.
Ferguson, Hugh, Haverstock-hill; April 24, 1866.
Gibbes, J. Murray, M.B. & M.C. Aberd., Sidmouth, Devon; Nov. 15, 1865.
Johnston, David, Magherafelt, Co. Derry; May 22, 1866.
Riley, Joseph, Barnes; April 27, 1866.
Shannon, G., M.D. Queen's University of Ireland, Magherafelt, Co. Derry; Jan. 26, 1864.
Smith, Joseph William, Weaverham, Cheshire; April 27, 1866.
Stocks, Frederick, Wakefield; April 25, 1866.
Thurston, William French, South-bank, Notting-hill; April 27, 1866.

It is stated that three of the fifteen candidates failed to acquit themselves to the satisfaction of the Board.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 24th:—

Aveling, Charles, St. Thomas's Hospital.
Hills, Rowland, Conisborough, Doncaster.
Phillips, Edward England, Norfolk-crescent, Bath.
Williams, John, Fishguard, Pembrokeshire.

The following gentlemen also on the same day passed their first examination:—

Hickman, Thos. Henry, St. Bartholomew's Hospital.
Salzmann, Frederick William, Guy's Hospital.
Smith, Frederick, Westminster Hospital.

THE cholera has disappeared in the Halifax quarantine, and is rapidly abating in the New York quarantine.

THE Registrar-General's April return for Scotland shows that there were registered in that month 3329 births, a number which was exceeded in April, 1864.

BY the last accounts from the West Indies cholera prevailed at Martinique, but the other islands are reported healthy.

MRS. DAVID CADDICK, wife of a grocer in Langham-street, Kirkdale, died the other day from eating a custard flavoured with the essence of almonds.

DURING the thunder-storm on Saturday night a coastguardsman, while going his round, on the cliffs between East-end-lane and Scrapsgate, in the Isle of Sheppy, was blinded by a flash of lightning.

THE export of meat and cattle from France has increased considerably within the last two years. It amounted during the first three months of the present year to the value of 12,000,000 francs.

ONE of the female nurses in the cholera ward at the Liverpool Workhouse was attacked with the disease on Wednesday morning, and died at eight o'clock the same evening. No cases are reported in the town of Liverpool.

AT the last meeting of the Paris Academy of Sciences a report, accompanied by two drawings, was read on the subject of a monster recently born, which had no brain, six fingers on each hand, seven toes on each foot, and other peculiarities. It lived a few hours only.

THE French Senate was to debate, this week, the question of laying a heavy tax on absinthe, suggested by statements made regarding the injurious results of the immense consumption of that liquor in Paris. These statements are contained in petitions drawn up by Dr. Decaisne and M. Agry.

COLLEGIATE ELECTION.—From a notice in the *London Gazette* it appears that the annual election of Fellows into the Council of the Royal College of Surgeons of England is appointed for Thursday, the 5th proximo, when two vacancies will be declared, by Mr. James Luke and Mr. John Hilton going out in rotation, but who are eligible for re-election, and who no doubt will again offer themselves. It should not be forgotten that the names of candidates must be sent in on or before June 10th.

BRITISH MEDICAL ASSOCIATION. — At the tenth annual meeting of the East York and North Lincoln Branch, held at the Hull Infirmary on the 23rd of May, the following officers were elected:—President Elect: Mr. H. M. Leppingham. Committee: Dr. Humphry Sandwith, Sir Henry Cooper, M.D., Dr. Owen Daly, Mr. Slight, Mr. R. M. Craven, and Mr. Henry Gibson. Secretary: Mr. J. F. Holden. Treasurer: Mr. Joseph A. Locking.

EXTIRPATION OF SCAPULA.—M. Michaux of Louvain has lately presented a memoir to the Academy of Medicine of Paris giving an account of the case of a boy, aged fifteen, from whom he successfully removed the right scapula, for an encephaloid tumour involving that bone and its muscles, in November, 1864. The shoulder-joint was disarticulated and the arm left, the scapula having been turned forwards from the ribs, and the disarticulation being effected with the écraseur. The boy recovered from the operation, but died in the following September of a cancerous tumour of the mediastinum.—*Gaz. Médicale.*

COLLEGE PRIZES.—There are two Jacksonian prizes for the present year on the following subjects—viz., "Ovariotomy; Pathology and Diagnosis of Cases suitable for this Operation, with the best method of performing it, and the Results of recorded Cases." And "Fractures into Joints, their Modes of Union, with the Treatment"—the dissertation to be illustrated by cases, preparations, and drawings. There are also two subjects for prizes for the ensuing year, 1867—namely, "The Injuries and Diseases of the Jaws, including those of the Antrum, with the treatment by operation or otherwise"—the dissertation to be illustrated by preparations and drawings. And "The various Deformities resulting from Severe Burns on the Surface of the Body, the Structural Changes occasioned by these Injuries, the best modes of preventing Deformities, and the Treatment, operative or otherwise, adapted to correct them"—the dissertation to be illustrated by cases, drawings, photographs, and casts. The subject of the Collegial Triennial Anatomical Prize, of fifty guineas, is "The Anatomical Structure of those parts of the Eyeball which are contained within the Sclerotic and Cornea"—with illustrations drawn from each of the five great divisions of the Vertebrata. The dissertation to be sent in at Christmas, 1867.

To Correspondents.

A Father should consider the subject well between now and next October, the time when his son ought to commence his duties. Without a strong desire on the part of the latter to enter the profession, another sphere of life had better be sought for him. There will be found much hard work and not much pay in the vocation of the general practitioner.

Dr. W. Dunderdale.—Such circulars as that issued by Mr. H. Popham generally defeat the object for which they are promulgated.

THE MEDICAL AMENDMENT ACT.

To the Editor of THE LANCET.

SIR,—Before the above Act is submitted to the consideration of Parliament, will you allow me to make a few observations upon it.

It appears that it is in contemplation to provide that the penalty clause shall be so framed as to include anyone assuming a medical title, without requiring proof that such person shall have assumed that he is duly registered. The words of the penalty clause are: "If any person practising medicine or surgery, or engaged in the cure or treatment of diseases or injuries, not being registered under the Medical Acts, takes or uses any of the designations," &c. &c. Then follows a list of every designation that can be assumed. In other words, a man may practise provided he avoids any designation which may induce the public to believe that he is duly qualified. This is surely a practical contradiction.

What is to be considered as assuming a medical title? Will the Act extend to a man who, not qualified, has on his door-plate Mr. ——, and on a door adjoining the word "Surgery"? If not, how are the public to distinguish such a man from many members of our profession? Will the Act extend to advertising quacks, who advertise themselves as Dr. ——, or Mr. ——, or Messrs. ——, and announce their address where they may be consulted? Again, will the Act extend to men who, unqualified, place on their door-plates initials not included in the penalty clause, but which the public cannot discriminate? A man in my neighbourhood places the initials "L.M.D." after his name (the explanation being "Lic. Mid. Dublin," the only qualification he possesses), and has a large practice, and yet many people might be and are deceived; for all they can tell to the contrary, it might be "M.D. London."

The Medical Council have very powerful means at command, by which the public might not only distinguish registered from unqualified men, but also be compelled to employ the former, and that is by means of certificates. It is notorious that many hundred deaths are yearly certified to by unqualified men, and recorded by the registrars as "not certified," or in some cases are even accepted as certified. Now if it were made law that every death must be certified to by a duly registered medical practitioner, or, failing that, a Coroner's inquest must be held, the public would, rather than submit to such annoyance, avail themselves of proper medical attendance, and the reign of quacks would be short.

Again, who is to "bell the cat?" or, in other words, "who is to prosecute?" It is very hard that it should be left to local medical men, to whom the expense is often a great consideration, and who are always assailed by the old cuckoo cry, imputing to them interested motives. Surely we might ask the Medical Council to take the necessary proceedings, else what is the benefit of registering?

By a strict system of death registration, and a sharp decisive series of prosecutions, the public would be protected, and young men who are now qualifying would register with far more satisfaction than they do at present. At present, when quacks are to be seen in town and country doing large practices, and from the present unsatisfactory state of affairs quite unassailable, they may well ask not only what is the use of registering, but even what is the use of qualifying at all.

Yours truly,
May 29th, 1866. A CONSTANT READER.

Custos.—Abernethy was connected with St. Bartholomew's Hospital. His country house was at Enfield.

A Fellow, (Tunbridge Wells.)—The person named would not be allowed to vote at the next election of Fellows into the Council.

CERTIFICATES OF DEATH.

A CORRESPONDENT, under the signature of *Istros*, calls our attention to the necessity of caution in giving certificates of death under certain circumstances. He says:—

> "Among the working class you are frequently called upon to give a certificate of the cause of death of a child. You are told that the child was brought to your house, say a week or so ago, or you may have visited the child; and, in addition to the form of certificate for the registrar of the deaths, you are asked to give an additional one in order that the parents may obtain a sum of money from some 'Friendly Society,' in which you are told the life of the child was insured. Suppose a case of fraud, where the child so insured is not dead. The payment of the money is made upon the faith of your certificate. What I wish to ask is—1. Are you warranted in giving such a certificate? 2. In the event of attempted fraud on the part of the parents (i. e., the death not having occurred), would you be liable to prosecution as a *particeps criminis?*"

The practitioner who gave a certificate under such circumstances, without exercising due caution, and satisfying himself of the actual death of the child, might be proceeded against for misdemeanor under the Registration Act. There is reason to believe that cases of the kind mentioned occasionally occur in large towns.

CONVALESCENT HOSPITALS.

To the Editor of THE LANCET.

SIR,—Would any of your readers inform me how or where I can procure statistics of the cost per patient, management, &c., of a Convalescent Hospital, and give me any information that might be useful in establishing one? The proposed hospital is to hold twenty beds.

Yours, &c.,
May 29th, 1866. F. R. S.

Medical Assistant.—Unless a contract is entered into, the matter is regulated by "custom," and that is, a month's notice or a month's salary. When the engagement is for a specified time no notice is required, each party being bound to each other for the time stated. We think our correspondent has been somewhat shabbily treated, though he may have no legal remedy for the injustice.

Deronicaris.—The baths of Vichy.

A. J. J.—Rest and the repeated application of a strong alcoholic solution of iodine and the iodide of potassium to the part.

LICENTIATES OF SCOTCH CORPORATIONS.

To the Editor of THE LANCET.

SIR,—I observe a correspondent at Bridlington is in great fear lest the Company of Apothecaries commence a raid on the holders of Scotch licences. It may be useful to publish the following statement for his comfort:—I am a L.F.P.S.G. 1863. I entered plaints in the County Court here against several debtors. The bill was an apothecary's account. On the day of hearing, his Honour the Judge objected to it on the ground of the Act of 1815 not having been repealed by the Legislature; and as he was not aware of any decision in the superior courts, he adjourned the case for a month, and again for seven or eight months in succession.

A case of an analogous character was decided by Baron Bramwell in the Home Circuit. It was for fees as a physician in the London district. The bill was allowed, although the physician did not hold the London licence; so the Judge decided that an apothecary might have his account, notwithstanding the Apothecaries Act. So also a gentleman in this county, a L.R.C.S.E., was held to be entitled to recover in the same manner. This was undoubtedly the equity of the law.

I am, Sir, yours truly,

South Shields, May 26th, 1866. J. S. DENHAM.

To the Editor of THE LANCET.

SIR,—The remarks of "Observer" in your last impression, on the subject of the Licentiates of Scotch Corporations, are quite true as regards the powers of the Apothecaries' Company being unrepealed; but I would humbly submit that the 34th clause of the Medical Act either means what it expresses, or the English language is not comprehensible. It is titled "Meaning of terms, legally qualified medical practitioners," and the essence of the clause is simply this, that any person registered under the Medical Act is to be considered to all intents and purposes "a legally qualified medical practitioner." If the most astute lawyer can convince a jury that these words mean anything else, he must either be very clever or they must be very stupid.

I am, Sir, your obedient servant,

Oxon, May 26th, 1866. D. M.

John James B.—If space permitted, we would try to comply with our correspondent's request; but the demands upon our columns are such that were the journal twice the size it is we could not find room for all the numerous communications we receive.

DR. PARKES'S THEORY OF STATISTICS.

To the Editor of THE LANCET.

SIR,—Under the above title, your correspondent, "A Naval Medical Officer," refers to a clerical error in the chapter on Statistics in the first edition of my work on Hygiene. The words "of the differences" ought to have been inserted after the word "sum" in two places. The sentence is altered and simplified in the second edition.—Your obedient servant,

Sydney Cottage, Bitterne, Southampton, May, 1866. E. A. PARKES.

Enquirer.—One of the clauses of the Medical Act empowers the General Medical Council to strike off the Register the name of any person who has been convicted of, or pleaded guilty to, an act of felony. The person alluded to was a duly qualified practitioner.

TREATMENT OF BOILS.

To the Editor of THE LANCET.

SIR,—One of my patients (a very pretty young lady, whose face is her only fortune) has been suffering for the last twelve months with a series of large boils on various parts of her face and neck. I have prescribed tonics, alteratives, and change of air, but all in vain; for "the cry is still, they come." Will some of your readers kindly suggest a remedy? One or two of the boils have left very ugly cicatrices on the forehead, having central depressions, and thickened, raised, vascular edges. Will constant pressure avail in removing these disfigurements? Yours faithfully,

Dundalk, May 24th, 1866. LANCERIUS.

A Naval Surgeon, (Portsmouth.)—There has not been any award lately of the Gilbert Blane Gold Medals.

Obliged.—Consult a medical practitioner.

G. P. R.—Mr. Luke has twice filled the President's chair.

THE CASE OF RUDMAN v. ARMSTRONG.

IN reference to the late trial Rudman v. Armstrong, *Dr. Bonsey* writes to us as follows:—

"Being a customer of Rudman in Gravesend, and being in the shop in February, 1864, I was requested by Rudman to see the plaintiff. I saw the girl, and, though considering she was very much salivated at that time, on hearing she had been under Mr. Armstrong's treatment, at once declined giving any opinion whatever to either the plaintiff or her relatives. In March, 1864, I heard from a patient that the girl was still unaccountably diseased, but made no remark on this information. It was not until the 27th of February, 1866, that I (having professionally attended the girl since the 14th of January, 1866) was told by plaintiff's father that proceedings had been taken against Messrs. Armstrong in June, 1865, and that the solicitor thought I must attend the trial in April, willing or unwilling. The father also mentioned that the action for damages first originated in consequence of the Gravesend Infirmary dispenser, after supplying sundry boxes of pills and blue ointment for plaintiff from January to March, 1864, refusing to furnish any more of the ointment, remarking that he did so because the plaintiff's mother might not be aware of the strength of the ointment, nor how it was salivating the patient."

IN consequence of the great length of the report of the proceedings of the Medical Council, the publication of several articles of interest is postponed, amongst which are the reports of the Royal Medical and Chirurgical Society, and a letter from Dr. B. Foster on the "Sphygmograph in English Medical Practice."

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Henry Lee; Dr. George Johnson; Mr. Henry Thompson; Dr. Parkes; Mr. Curgenven; Mr. Henry Smith; Dr. Tilt; Dr. Edmunds; Mr. Bradshaw; Mr. Roberts; Mr. Crofts; Mr. Hunt; Mr. Dodd; Mr. Wright; Mr. Ashenden, Hastings; Mr. Myers, North Somercotes; Mr. Robinson; Mr. Benson; Mr. Macfarlan; Mr. Brewin, Cirencester; Dr. Orton, Newcastle; Dr. Barker, Worthing; Mr. Bailey, Coleshill; Mr. Baker, Droitwich; Mr. Vanderpants; Mr. Crane; Mr. Hayward; Mr. Franks; Dr. Schenk; Mr. Newhouse; Mr. Lawrence, Minster; Dr. Sargent, Launceston; Dr. Doble; Dr. Jackson, Parbold; Dr. Bower, Windsor; Mr. Walker; Mr. Lyon; Dr. Hogan; Dr. Hodgson; Mr. Capper; Dr. Menzies; Dr. Sumpter; Mr. Taylor, Coltishall; Dr. Crea, Templepatrick; Mr. Main; Mr. Davies; Mr. Waddell; Mr. Armstrong; Dr. W. Dunderdale; Dr. Wallace; Dr. Eastwood, Whitby, Canada West; Mr. Searle; Mr. Gill; Mr. Tattersall, Cheadle; Mr. Cole; Dr. Robson; Dr. Hearne, Southampton; Mr. Town; Mr. Manly, Rudham; Dr. Foster, Birmingham; Dr. Clarke, Castlemartyr; Dr. Brisbane; Mr. Haddon; Mr. Coghlan; A. H.; M.D. Aberdeen; Obliged; J. R.; A Constant Reader; An Army Surgeon; The Surgeon-General of Washington, U.S.; &c. &c.

Medical Diary of the Week.

Monday, June 4.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Election of Officers.—Dr. Dickson, R.N., "On Scurvy in the Mercantile Navy."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M.

Tuesday, June 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Ansted, "On the Application of Physical Geography and Geology to the Fine Arts."

Wednesday, June 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Meeting of Council.—8 P.M. Mr. R. Fawcett Battye: "Examination of certain Uterine Affections in their relation to Phthisis Pulmonalis, with Cases;" and other papers.

Thursday, June 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Huxley, "On Ethnology."

Friday, June 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."
ROYAL INSTITUTION.—8 P.M. Professor Frankland, "On the Source of Muscular Power."

Saturday, June 9.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Huxley, "On Ethnology."

TERMS FOR ADVERTISING IN THE LANCET.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.